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Apr 07, 2008 8:00 am
Secretary of State
01-10-2008 90009 046 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1

DOCUMENT # N05000007889

1. Entity Name
TIMBERWOOD TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
~~536 NORTH MONROE STREET~~
TALLAHASSEE, FL 32301

Mailing Address
~~536 NORTH MONROE STREET~~
TALLAHASSEE, FL 32301

66005909

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
117 E. GEORGIA ST.
Suite, Apt. #, etc.
City & State
TALLAHASSEE, FL
Zip 32301 Country USA

3. Mailing Address
117 E. GEORGIA ST.
Suite, Apt. #, etc.
City & State
TALLAHASSEE, FL
Zip 32301 Country USA

4. FEI Number
20-4660416
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~JONES, JOSEPH P~~
~~215 S. MONROE STREET~~
~~SUITE 400~~
TALLAHASSEE, FL 32301

FULLER, DENNIS
117 E. GEORGIA ST.
TALLAHASSEE, FL
32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 3/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULLER, DENNIS R 117 EAST GEORGIA STREET TALLAHASSEE, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/8/08 850-205-9025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #