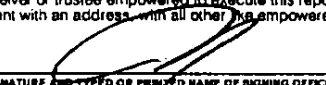


FILED
Apr 07, 2008 8:00 am
Secretary of State

01-10-2008 90009 046 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box # 117 E. GEORGIA ST.		3. Mailing Address 117 E. GEORGIA ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32301	Country USA	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		7. Name and Address of New Registered Agent FULLER, DENNIS 117 E. GEORGIA ST. TALLAHASSEE, FL 32301	
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.		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		DATE 3/1/08 (NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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, the empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/1/08 850-205-9025 Daytime Phone #	