


**AMENDED**  
**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

04-11-2008 90047 017 \*\*\*\*61.25  
 N05000007889

**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 Street**

3. Mailing Address  
**117 E. Georgia St.**

Suite, Apt. #, etc.

City & State  
**Tallahassee, FL**


City & State  
**Tallahassee, FL**

Zip  
**32301**

Country  
**USA**

**FILED**  
**08 APR 22 PM 1:35**

90003400  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04082008 Chg-NP CR2E037 (12/06)

8. Name and Address of Current Registered Agent

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

4. FEI Number  
**20-4660416**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent


Name  
**Dennis R. Fuller**

Street Address (P.O. Box Number is Not Acceptable)  
**117 E. Georgia Street**

City  
**Tallahassee**

FL Zip Code  
**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.

SIGNATURE  **Dennis R. Fuller** 4/2/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

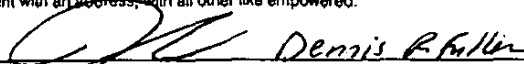
Filing Fee is \$61.25 Due by May 1, 2008

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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director, President Fuller, Dennis R, 117 E. Georgia Street Tallahassee, FL 32301
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:  **Dennis R. Fuller** 4/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

850  
205 9025