


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90167 019 ****61.25

DOCUMENT # N05000008692

1. Entity Name
 TIMBER TRACE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
~~161 TIMBER TRACE~~ **175 KILEY DR**
 ATTN: RUTH SCHMIDT
 MONTICELLO, FL 32344

Mailing Address
~~161 TIMBER TRACE~~ **175 KILEY DR.**
 ATTN: RUTH SCHMIDT
 MONTICELLO, FL 32344

2. Principal Place of Business
175 KILEY DR
 Suite, Apt. #, etc.

3. Mailing Address
175 KILEY DR
 Suite, Apt. #, etc.


City & State
MONTICELLO, FL

City & State
MONTICELLO, FL

Zip
32344

Country
JEFFERSON

40000932



01032006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

WARD, TERESA COOPER
245 EAST WASHINGTON STREET
MONTICELLO, FL 32344

4. FEI Number
20-3349567

Applied For
 Not Applicable

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

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

Filing Fee is \$61.25 Due by May 1, 2006

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

TITLE	P. <input type="checkbox"/> Delete
NAME	SCHMIDT, RUTH
STREET ADDRESS	161 TIMBER TRACE 175 KILEY DR.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	VP <input type="checkbox"/> Delete
NAME	HAROLD WHEELER
STREET ADDRESS	116 TIMBER TRACE
CITY-ST-ZIP	MONTICELLO, FL. 32344
TITLE	SECY <input type="checkbox"/> Delete
NAME	CELIA LIDDELL
STREET ADDRESS	6825 33M ST.
CITY-ST-ZIP	VERO BEACH, FL. 32966
TITLE	TREAS <input type="checkbox"/> Delete
NAME	CELIA LIDDELL
STREET ADDRESS	6825 33M ST.
CITY-ST-ZIP	VERO BEACH, FL. 32966
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Ruth Schmidt* **1-10-06** **997-5824**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #