


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90053 017 ****61.25

DOCUMENT # N05000008692					
1. Entity Name TIMBER TRACE PROPERTY OWNERS' ASSOCIATION, INC.					
Ruth K. Schmidt 175 Kiley Dr. Monticello, FL 32344		Mailing Address 16 16 TIMBER TRACE ATTN: RUTH SCHMIDT MONTICELLO, FL 32344			
2. Principal Place of Business - No P.O. Box # <i>SAME</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 20-3349567	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent Ruth K. Schmidt 175 Kiley Dr. Monticello, FL 32344			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHMIDT, RUTH		NAME		
STREET ADDRESS	175 KILEY DR		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	<i>VP</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>HAROLD WHEELER</i>		NAME		
STREET ADDRESS	<i>116 TIMBER TRACE</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>MONTICELLO, FL. 32344</i>		CITY-ST-ZIP		
TITLE	<i>SECY</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>CARLA WHEELER</i>		NAME		
STREET ADDRESS	<i>1400 E. WASHINGTON ST</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>MONTICELLO, FL. 32344</i>		CITY-ST-ZIP		
TITLE	<i>TREAS.</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<i>CELIA LIDDELL</i>		NAME		
STREET ADDRESS	<i>6825 33RD ST</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>VERO BEACH, FL. 32966</i>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Ruth K. Schmidt</i>			Date: <i>1/15/07</i>		Daytime Phone #: <i>850.997.5824</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #