


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90106 006 ****61.25

DOCUMENT # N05000008692

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



Principal Place of Business
 161 TIMBER TRACE
 ATTN: RUTH SCHMIDT
 MONTICELLO, FL 32344

Mailing Address
 161 TIMBER TRACE
 ATTN: RUTH SCHMIDT
 MONTICELLO, FL 32344

2. Principal Place of Business - No P.O. Box #
 380 Kiley Drive
 Suite, Apt. #, etc.
 ATTN: Celia Liddell

3. Mailing Address
 6825 33rd Street
 Suite, Apt. #, etc.
 ATTN: Celia Liddell

City & State
 Monticello, Florida

City & State
 Vero Beach Florida

Zip
 32344

Country
 Jefferson

Zip
 32966

Country
 Indian River



04212008 Chg-NP CR2E037 (12/06)

4. FEI Number
 20-3349567

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 WARD, TERESA COOPER
 245 EAST WASHINGTON STREET
 MONTICELLO, FL 32344

7. Name and Address of New Registered Agent
 Name: Celia Liddell
 Street Address (P.O. Box Number is Not Acceptable):
 6825 33rd Street
 City: Vero Beach FL Zip Code: 32966

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: Celia H Liddell DATE: 4/22/08

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMIDT, RUTH 175 KILEY DR MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHEELER, HAROLD 116 TIMBER TRACE MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHEELER, CARLA 1400 E. WASHINGTON ST MONTICELLO, FL 32344 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIDDELL, BELIA 6825 33RD ST VERO BEACH, FL 32966 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ROMANI, ALLEN 2812 Puffton Loop Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Liddell, Celia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Celia H Liddell DATE: 4/22/08 DAYTIME PHONE #: 772-564-9668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR