

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 15, 2009
Secretary of State**

DOCUMENT# N05000008692

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

Current Principal Place of Business:

380 RILEY DRIVE
ATTN: CELIA LIDDELL
MONTICELLO, FL 32344 US

New Principal Place of Business:

380 KILEY DRIVE
ATTN: CELIA LIDDELL
MONTICELLO, FL 32344 US

Current Mailing Address:

6825 33TD STREET
ATTN: CELIA LIDDELL
MONTICELLO, FL 32344 US

New Mailing Address:

6825 33RD STREET
ATTN: CELIA LIDDELL
VERO BEACH, FL 32966 US

FEI Number: 20-3349567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LIDDELL, CELIA
6825 33RD STREET
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROMAN, ALLEN
Address: 2812 DUFFTON LOOP
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: WHEELER, CARLA
Address: 1400 E. WASHINGTON ST
City-St-Zip: MONTICELLO, FL 32344

Title: T () Delete
Name: LIDDELL, CELIA
Address: 6825 33RD ST
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELIA H. LIDDELL

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06/15/2009

Electronic Signature of Signing Officer or Director

_____ Date