

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

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000009564**

1. Entity Name  
TIMBER GROVES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business  
600 S MAIN AVENUE  
MINNEOLA, FL 34715

Mailing Address  
600 S MAIN AVENUE  
MINNEOLA, FL 34715



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3497816

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CERILLI, CATALDO "CARL"  
600 S MAIN AVENUE  
MINNEOLA, FL 34715

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IN THIS SPACE**

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

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**

00000000000000000000  
05/27/08-80077-009 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
CERILLI, CATALDO "CARL"  
600 S MAIN AVENUE  
MINNEOLA, FL 34715

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
PLUMMER, FRED  
600 S MAIN AVENUE  
MINNEOLA, FL 34715

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PLUMMER, LUKE  
600 S MAIN AVENUE  
MINNEOLA, FL 34715

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #