


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90032 037 ****61.25

DOCUMENT # N20350 1. Entity Name TIMBERLANE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 640-305 BEVERLY HILLS FL 34465 US				Mailing Address PO BOX 640-305 BEVERLY HILLS FL 34465 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2794275	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARMON, BARBARA J 1178 N GREENTREE TERR LECANTO FL 34461 <i>Delete</i>				Name Carol Dawn Cole Street Address (P.O. Box Number is Not Acceptable) 2900 W. Sunrise St. City Lecanto FL Zip Code 34461	
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 <u><i>Carol Dawn Cole</i></u> <u><i>3-05-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARMON, BARBARA J 1178 N GREENTREE TERR LECANTO FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McCarthy, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1574 N. Lombardo Ave Lecanto, FL 34461 President		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIELS, KEN 1390 N LOMBARDO AVE. LECANTO FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cox, Charles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2430 W. Laureen St Lecanto, FL 34461 1st Vice President		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLENSWORTH, TIMOTHY 1197 N CARNEVALE LECANTO FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kuhn, Stephen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2955 W. Sunrise St Lecanto, FL 34461 2nd Vice President		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRADY, ERMA 1082 N RABECK AVE LECANTO FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol Dawn Cole <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 W. Sunrise St Lecanto, FL 34461 Treasurer		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIHLEIN, DIANE 1120 N GREENTREE TERR. LECANTO FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peggy Pilon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2853 W. Sunrise St. Lecanto, FL 34461 Secretary		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <u><i>Carol Dawn Cole</i></u> CAROL DAWN COLE			3-05-05 352-746-6144 <small>Date Daytime Phone #</small>		