


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90034 017 ****70.00

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01142006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2794275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLE, CAROL D 2900 W SUNRISE ST LECANTO, FL 34461	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: Carol Dawn Cole Treasurer 1-19-2006
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, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTHY, JAMES 1574 N LOMBARDO AVE LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joanne Nisbit <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2828 Antioch Lane Lecanto, Fl. 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP COX, CHARLES 2430 W LAUREEN ST LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ken Daniels <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1390 N. Lombardo Ave Lecanto, Fl 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP KUHN, STEPHEN 2955 W SUNRISE ST LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bobbie Blanda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2113 Cindy Lane Lecanto, Fl. 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLE, CAROL C 2900 W SUNRISE ST LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol D. Cole <input type="checkbox"/> Change <input type="checkbox"/> Addition 2900 W Sunrise St Lecanto, Fl 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PILON, PEGGY 2853 W SUNRISE ST LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peggy Pilon <input type="checkbox"/> Change <input type="checkbox"/> Addition 2853 W. Sunrise St. Lecanto, Fl. 34461
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 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: Carol Dawn Cole Carol Dawn Cole 1-19-2006 352-746-6144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #