
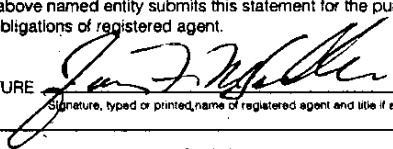
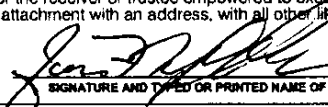


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90262 050 \*\*\*\*61.25

<b>DOCUMENT # N20350</b> 1. Entity Name <b>TIMBERLANE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>PO BOX 640-305</b> <b>BEVERLY HILLS, FL 34465 US</b>			Mailing Address <b>PO BOX 640-305</b> <b>BEVERLY HILLS, FL 34465 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2794275</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>COLE, CAROL D</b> <b>2900 W SUNRISE ST</b> <b>LECANTO, FL 34461</b>				7. Name and Address of New Registered Agent Name <b>James McLaughlin</b> Street Address (P.O. Box Number is Not Acceptable) <b>1367 N. Carnevale Terr.</b> City <b>Lecanto</b> <b>FL</b> Zip Code <b>34461</b>	
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  DATE <b>01/12/2007</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>NISBIT, JOANNE</b> <b>2828 ANTIOCH LANE</b> <b>LECANTO, FL 34461</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Joe Painter</b> <b>1332 N. Castleland</b> <b>Lecanto, FL 34461</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP <b>DANIELS, KEN</b> <b>1390 N LOMBARDO AVE</b> <b>LECANTO, FL 34461</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1st Vice President</b> <b>Steve Connor</b> <b>1136 N. Sloan Terr</b> <b>Lecanto, FL 34461</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP <b>BLANDA, BOBBIE</b> <b>2113 CINDY LANE</b> <b>LECANTO, FL 34461</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd Vice President</b> <b>Dolores McLaughlin</b> <b>1367 N. Carnevale Terr</b> <b>Lecanto, FL 34461</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>COLE, CAROL C</b> <b>2900 W SUNRISE ST</b> <b>LECANTO, FL 34461</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>James McLaughlin</b> <b>1367 N. Carnevale Terr</b> <b>Lecanto, FL 34461</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>PILON, PEGGY</b> <b>2853 W SUNRISE ST</b> <b>LECANTO, FL 34461</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Peggy Pilon</b> <b>2853 W. Sunrise St.</b> <b>Lecanto, FL 34461</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 			01/12/2007 (352) 746 0581		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		