


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N37208
1. Entity Name
TYMBER TRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 906 P.O. BOX 906
NEW SMYRNA BEACH FL 32170 NEW SMYRNA BEACH FL 32170
US US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-2999239 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GAMBERT, WILLIAM N ESQ
101 E. YELKCA TERR., SUITE B
EDGEWATER FL 32132

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$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 | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | HICKSON, JOHN | NAME | |
| STREET ADDRESS | 673 MIDDLEBURY LOOP | STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | WEBSTER, ANN D | NAME | |
| STREET ADDRESS | 655 WELLESLEY CT | STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | MCCULLOUGH, KAREN | NAME | |
| STREET ADDRESS | 627 MIDDLEBURY LOOP | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32-2168 | CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | MARY, THOMAS J | NAME | |
| STREET ADDRESS | 1331 WAYNE AVE | STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | KERR, MARIE | NAME | |
| STREET ADDRESS | 398 ROCHESTER CT | STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

U00000395769
01/27/06-80005-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John Hickson* *John M Hickson* 1/19/06 3864233680