

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37208

FILED
Apr 10, 2012
Secretary of State

Entity Name: TYMBER TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

TYMBER TRACE
1361 WAYNE AVE
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 906
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

TYMBER TRACE
PO BOX 906
NEW SMYRNA BEACH, FL 32170

FEI Number: 59-2999239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOMAN, THOMAS E
1361 WAYNE AVE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD
Name: HOMAN, THOMAS E
Address: 1361 WAYNE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD
Name: SIMMONDS, HEATHER
Address: 685 ROCHESTER COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD
Name: DUCKWORTH, ROBERT
Address: 657 WELLESLEY COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD
Name: GERLACH, BILL
Address: 653 WELLESLEY COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD
Name: STANIEICH, RUTH
Address: 615 MIDDLEBURY LOOP
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS E HOMAN

TD

04/10/2012

Electronic Signature of Signing Officer or Director

_____ Date