


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90129 030 ****61.25

DOCUMENT # N9400000705			
1. Entity Name TIMBER GREENS COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 6333 TIMBER GREENS BLVD. NEW PORT RICHEY, FL 34655 US		Mailing Address 6333 TIMBER GREENS BLVD. NEW PORT RICHEY, FL 34655 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
03082006		Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3238342		Applied For Not Applicable	
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	
SCHOMMER, WILLIAM C 6023 COUNTRY RIDGE LANE NEW PORT RICHEY, FL 34655		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: <i>William C. Schommer</i>		DATE: 3/10/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	OHLERKING, ARTHUR L	NAME	
STREET ADDRESS	5939 PRECIOUS VIEW COURT	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	
TITLE	VPD Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	VANDERHAM, SHARON	NAME	
STREET ADDRESS	9603 CONSERVATION DR	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	
TITLE	VPD Delete <input checked="" type="checkbox"/>	TITLE	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	BERTSCH, WILLIAM F	NAME	VPD PIERETTI, JOHN
STREET ADDRESS	9650 SWEEPING VIEW	STREET ADDRESS	9419 SUMMERBREEZE TERRACE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	PD Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SCHOMMER, WILLIAM C	NAME	
STREET ADDRESS	9650 SWEEPING VIEW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	
TITLE	VPD Delete <input checked="" type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	MUNDY, ROBERT E	NAME	VPD RICHARDS, DONALD L
STREET ADDRESS	9722 BROOKSDALE DRIVE	STREET ADDRESS	9644 WOODHOLLOW COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Mary L. Erlenbush</i>		DATE: 3/10/06 (727) 372 8633	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	