

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90223 008 ****61.25

DOCUMENT # **N94000004530**



1. Entity Name
NEWBERRY HILLS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
**5517 SW 69 TERRACE
GAINESVILLE FL 32608**

Mailing Address
**5517 SW 69 TERRACE
GAINESVILLE FL 32608**



2. Principal Place of Business
22515 W. Newberry Rd.

3. Mailing Address
22515 W. Newberry Rd.

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

CHECK HERE IF MAKING CHANGES

City & State
Newberry, FL.

City & State
Newberry, FL.

4. FEI Number **59-3270807**

Applied For
 Not Applicable

Zip Country
32669 US

Zip Country
32669 US

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

6. Name and Address of Current Registered Agent

**MILLER, DAVID M
5517 SW 69 TERRACE
GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name **Kenneth Timbrook**

Street Address (P.O. Box Number is Not Acceptable)
22515 W. Newberry Rd. Suite A

City **Newberry** **FL** Zip Code **32669**

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 *Kenneth Timbrook, Kenneth Timbrook* **March 25, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, DAVID M	
STREET ADDRESS	5517 SW 69 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COX, ALLISON	
STREET ADDRESS	5517 SW 69 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUCKLEY, BEVERLY	
STREET ADDRESS	5517 SW 69 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Timbrook	
STREET ADDRESS	22515 W. Newberry Rd. Suite A	
CITY-ST-ZIP	Newberry, FL. 32669	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph P. Andes	
STREET ADDRESS	2723 NW 245th DR.	
CITY-ST-ZIP	Newberry, FL 32669	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gayle Phelan	
STREET ADDRESS	2633 NW 244th	
CITY-ST-ZIP	Newberry, FL 32669	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

PAID

CK NO **2604** DATE **3-27-03**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kenneth Timbrook* **March 25, 2003 (352) 472-9204**

CR2E037 (10/02)