


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90143 044 \*\*\*\*61.25

DOCUMENT # N95000005086 1. Entity Name TIMBERLIN PARC HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 920 THIRD ST STE B NEPTUNE BEACH, FL 32266 US	Mailing Address 920 THIRD ST STE B NEPTUNE BEACH, FL 32266 US
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**DO NOT WRITE IN THIS SPACE**



03182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3355769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, L. DENISE  
 920 THIRD ST  
 STE B  
 JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PENNINGTON, VICTORIA 7735 TIMBERLINPARC BLVD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCAIA, KRISTA 7849 TIMBERLIN PARC BLVD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCIANO, ANTHONY 8891 TIMBERJACK LN JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Anthony Luciano Anthony Luciano 3/30/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #