2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90038 044 ****61.25

DOCUMENT # N37208

1. Entity Name

TYMBER TRACE HOMEOWNERS ASSOCIATION, INC.

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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2999239 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____
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
Due By May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HICKSON, JOHN 673 MIDDLEBURY LOOP NEW SMYRNA BEACH FL 32168	☒ Delete	TD ALLEN, BRIAN 625 MIDDLEBURY LOOP NEW SMYRNA BEACH, FL 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEBSTER, ANN D 655 WELLESLY CT NEW SMYRNA BEACH FL 32168	☒ Delete	SD CLIPPS, SHARON 626 MIDDLEBURY LOOP NEW SMYRNA BEACH, FL. 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCULLOUGH, KAREN 627 MIDDLEBURY LOOP JACKSONVILLE FL 32-2168	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARY, THOMAS J 1331 WAYNE AVE NEW SMYRNA BEACH FL 32168	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KERR, MARIE 398 ROCHESTER CT NEW SMYRNA BEACH FL 32168	☐ Delete	VD FERNER, JEFFREY 1323 WAYNE AVE. NEW SMYRNA BEACH, FL. 32168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Brian J. Allen BRIAN J. ALLEN 3/28/07 3864783957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #