


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

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90058 025 \*\*\*\*61.25

<b>DOCUMENT #. N15607</b>	
<b>1. Entity Name</b> TIMBERLINE CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b> C/O INFINITI PROPERTY MANAGEMENT, INC 1301 SEMINOLE BLVD. SUITE 110 LARGO FL 33770 US	<b>Mailing Address</b> C/O INFINITI PROPERTY MANAGEMENT, INC 1301 SEMINOLE BLVD. SUITE 110 LARGO FL 33770 US
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<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 59-2847376	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD STE 110 LARGO FL 33770
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<b>7. Name and Address of New Registered Agent</b>
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	
<b>TITLE</b> VP	<b>NAME</b> DOTY, ROGER <b>STREET ADDRESS</b> 1940 ELAINE DR <b>CITY- ST- ZIP</b> CLEARWATER FL 33760	<b>TITLE</b> STD	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY- ST- ZIP</b>
<b>TITLE</b> STD	<b>NAME</b> DEWS, JOHN <b>STREET ADDRESS</b> 1966 ELAINE DR <b>CITY- ST- ZIP</b> CLEARWATER FL 33760	<b>TITLE</b>	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY- ST- ZIP</b>
<b>TITLE</b> VP STD	<b>NAME</b> HEIL, LISA <b>STREET ADDRESS</b> 1944 ELAINE DR <b>CITY- ST- ZIP</b> CLEARWATER FL 33760	<b>TITLE</b>	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY- ST- ZIP</b>
<b>TITLE</b>	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY- ST- ZIP</b>	<b>TITLE</b> PD	<b>NAME</b> Denise Wheatley <b>STREET ADDRESS</b> 1900 Elaine Dr. <b>CITY- ST- ZIP</b> Clearwater FL 33760
<b>TITLE</b>	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY- ST- ZIP</b>	<b>TITLE</b>	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY- ST- ZIP</b>
<b>TITLE</b>	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY- ST- ZIP</b>	<b>TITLE</b>	<b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY- ST- ZIP</b>

**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:** Denise Wheatley **2-22-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #