

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90017 008 ****61.25

DOCUMENT # N94000003003					
1. Entity Name TIMBER RIDGE HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.					
Principal Place of Business 4544 AMBER VALLEY DR. TALLAHASSEE, FL 32312			Mailing Address 4544 AMBER VALLEY DR. TALLAHASSEE, FL 32312		
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 59-3296062	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COOPER, CAROL M 4544 AMBER VALLEY DR. TALLAHASSEE, FL 32312				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 reappointing)					
Filing Fee is \$61.25 Due by May 1, 2008		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 DP NAME RUSSELL, LAURIE STREET ADDRESS 4575 AMBER VALLEY DR. CITY-ST-ZIP TALLAHASSEE, FL 32312	☒ Delete		TITLE DP NAME Calienes Michael STREET ADDRESS 4471 Amber Valley Dr. CITY-ST-ZIP Tallahassee, FL 32312	☒ Change ☐ Addition	
TITLE SD NAME EDWARDS, ANA STREET ADDRESS 4487 AMBER VALLEY DR. CITY-ST-ZIP TALLAHASSEE, FL 32312	☐ Delete		TITLE SD NAME Russell, Laurie STREET ADDRESS 4575 Amber Valley Dr. CITY-ST-ZIP Tallahassee, FL 32312	☐ Change ☒ Addition	
TITLE VD NAME TATE, MARSHA STREET ADDRESS 4409 AMBER VALLEY DR. CITY-ST-ZIP TALLAHASSEE, FL 32312	☒ Delete		TITLE VD NAME Grubbs, Carolyn STREET ADDRESS 4251 Amber Valley Dr. CITY-ST-ZIP Tallahassee, FL 32312	☒ Change ☐ Addition	
TITLE TD NAME COOPER, CAROL M STREET ADDRESS 4544 AMBER VALLEY DR. CITY-ST-ZIP TALLAHASSEE, FL 32312	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
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>Carol M. Cooper</i>			2-18-08 850 668-1123		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		