2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N94000003003

Entity Name: TIMBER RIDGE HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

4544 AMBER VALLEY DR.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

4544 AMBER VALLEY DR.
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3296062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, CAROL M
4544 AMBER VALLEY DR.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CALIENES, MICHAEL
Address: 4471 AMBER VALLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD ( ) Delete
Name: RUSSELL, LAURIE
Address: 4575 AMBER VALLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD ( ) Delete
Name: GRUBBS, CAROLYN
Address: 4251 AMBER VALLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD ( ) Delete
Name: COOPER, CAROL M
Address: 4544 AMBER VALLEY DR.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL M COOPER TD 01/07/2009

Electronic Signature of Signing Officer or Director — Date