2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N37208

Entity Name: TYMBER TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 906
NEW SMYRNA BEACH, FL 32170 US

New Principal Place of Business:

TYMBER TRACE
NEW SMYRNA BEACH, FL 32170 US

Current Mailing Address:

P.O. BOX 906
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 59-2999239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAMBERT, WILLIAM N ESQ
101 E. YELKCA TERR., SUITE B
EDGEWATER, FL 32132 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: TD ( ) Delete
Name: ALLEN, BRIAN
Address: 625 MIDDLEBURY LOOP
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete
Name: CLIPPS, SHARON
Address: 626 MIDDLEBURY LOOP
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD ( ) Delete
Name: MCCULLOUGH, KAREN
Address: 627 MIDDLEBURY LOOP
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD ( ) Delete
Name: WILLIAMS, RON
Address: 1349 WAYNE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD ( ) Delete
Name: MURPHY, LIZ
Address: 631 MIDDLE BURY LOOP
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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:

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: BRIAN ALLEN TD 01/08/2009

Electronic Signature of Signing Officer or Director Date