## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N15607

FILED Mar 12, 2009 Secretary of State

Entity Name: TIMBERLINE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O INFINITI PROPERTY MANAGEMENT, INC.

1301 SEMINOLE BLVD. SUITE 110

LARGO, FL 33770

**Current Mailing Address:** 

C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD. SUITE 110

LARGO, FL 33770

FEI Number: 59-2847376 FEI Number Applied For ( ) LARGO, FL 33770

FEI Number Not Applicable ( )

LARGO, FL 33770

New Mailing Address:

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD STE 110

LARGO, FL 33770

Name and Address of New Registered Agent:

C/O QUALIFIED PROPERTY MANAGEMENT, INC.

C/O QUALIFIED PROPERTY MANAGEMENT, INC.

QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US 19 N.

SUITE 7Q

NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

1301 SEMINOLE BLVD. SUITE 110

1301 SEMINOLE BLVD. SUITE 110

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: MARY A. WHITE

03/12/2009 Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

STD () Delete DOTY, ROGER Name:

1940 ELAINE DR Address:

City-St-Zip: CLEARWATER, FL 33760

Title: VD ( ) Delete

HEIL, LISA Name: Address: 1944 ELAINE DR

City-St-Zip: CLEARWATER, FL 33760

Title: () Delete WHEATLEY, DENISE

Name: Address: 1900 ELAINE DR

City-St-Zip: CLEARWATER, FL 33760 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

WATERS, RENEE Name: Address: 1920 ELAINE DR

City-St-Zip: CLEARWATER, FL 33760

Title: PD (X) Change ( ) Addition

Name: HEIL, LISA Address: 1944 ELAINE DR

City-St-Zip: CLEARWATER, FL 33760

Title: (X) Change ( ) Addition

Name: PANICCIA, EUGENE Address: 1954 ELAINE DR

City-St-Zip: CLEARWATER, FL 33760

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: LISA HEIL PD 03/12/2009