

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90428 014 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3296062**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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** ☒ Delete
NAME **COOPER, SIDNEY V**
STREET ADDRESS **4544 AMBER VALLEY DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **DP** ☒ Change ☐ Addition
NAME **Ana Edwards**
STREET ADDRESS **4487 Amber Valley Dr.**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **SD** ☒ Delete
NAME **POURCIAU, GLEN**
STREET ADDRESS **4354 AMBER VALLEY DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **SD** ☒ Change ☐ Addition
NAME **Laurie Russell**
STREET ADDRESS **4575 Amber Valley Dr.**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **VD** ☐ Delete
NAME **TATE, WAYNE**
STREET ADDRESS **4409 AMBER VALLEY DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **COOPER, CAROL M**
STREET ADDRESS **4544 AMBER VALLEY DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

850 668-1133

CR2E037 (10/02)