

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740586

Entity Name: TIMBERCREEK HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**2295 CORPORATE BLVD. NW
SUITE 138
BOCA RATON, FL 33431**Current Mailing Address:**2295 CORPORATE BLVD. NW
SUITE 138
BOCA RATON, FL 33431**FEI Number:** 59-1797551**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAAG MANAGEMENT COMPANY
2295 N.W. CORPORATE BLVD.
SUITE 138
BOCA RATON, FL 33431 US*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**Officer/Director Detail :**

| | |
|-----------------|--------------------------------------|
| Title | PRESIDENT |
| Name | BISHOP, VALERIE |
| Address | 2295 CORPORATE BLVD. NW SUITE 138 |
| City-State-Zip: | BOCA RATON FL 33431 |

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|-----------------|--------------------------------------|
| Title | VP |
| Name | TELLER, CLAIRE |
| Address | 2295 CORPORATE BLVD. NW SUITE 138 |
| City-State-Zip: | BOCA RATON FL 33431 |

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|-----------------|--------------------------------------|
| Title | DIRECTOR |
| Name | SENYSHYN, WILLIAM |
| Address | 2295 CORPORATE BLVD. NW SUITE 138 |
| City-State-Zip: | BOCA RATON FL 33431 |

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|-----------------|--------------------------------------|
| Title | TREASURER |
| Name | SCHWARTZ, BETH |
| Address | 2295 CORPORATE BLVD. NW SUITE 138 |
| City-State-Zip: | BOCA RATON FL 33431 |

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|-----------------|--------------------------------------|
| Title | SECRETARY |
| Name | LOMONICO, JULIA |
| Address | 2295 CORPORATE BLVD. NW SUITE 138 |
| City-State-Zip: | BOCA RATON FL 33431 |

I hereby 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 all other like empowered.

SIGNATURE: VALERIE BISHOP**PRESIDENT****04/08/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date