

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742892

**Entity Name:** THE TIMBERS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1202 E PARK AVENUE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 3965  
TALLAHASSEE, FL 32315 US

**FEI Number: 59-2027146**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SWAIN, PATRICIA  
1202 E PARK AVE  
TALLAHASSEE, FL 32301 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: PATRICIA SWAIN**

**01/17/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name KYNOCH, JANE  
Address PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title SECRETARY  
Name LAKE, STIRLING  
Address PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title PRESIDENT  
Name LARSSON, EMILY N  
Address PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title MANAGER/AGENT  
Name CAPITAL ASSOCIATION  
MANAGEMENT LLC  
Address P.O. BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title DIRECTOR  
Name PERKINS, SAMUEL  
Address PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

Title TREASURER  
Name HEINZE, OLIVIA L  
Address PO BOX 3965  
City-State-Zip: TALLAHASSEE FL 32315

*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: MEGHANN BOOKOUT**

**SUPPORT STAFF**

**01/17/2024**

Electronic Signature of Signing Officer/Director Detail

Date