#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 742892** 

Entity Name: THE TIMBERS HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 03, 2023
Secretary of State
2071014003CC

# **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 03/03/2023

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	VP	Title	SECRETARY
Name	KYNOCH, JANE	Name	LAKE, STIRLING
Address	PO BOX 3965	Address	PO BOX 3965

City-State-Zip: TALLAHASSEE FL 32315 City-State-Zip: TALLAHASSEE FL 32315

Title PRESIDENT Title MANAGER/AGENT

Name LARSSON, EMILY N Name CAPITAL ASSOCIATION MANAGEMENT LLC

Address PO BOX 3965

Address P.O. BOX 3965

City-State-Zip: TALLAHASSEE FL 32315 City-State-Zip: TALLAHASSEE FL 32315

TitleDIRECTORTitleTREASURERNamePERKINS, SAMUELNameHEINZE, OLIVIA LAddressPO BOX 3965AddressPO BOX 3965

City-State-Zip: TALLAHASSEE FL 32315 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.

Electronic Signature of Signing Officer/Director Detail