

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742892

Entity Name: THE TIMBERS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O. BOX 13089
TALLAHASSEE, FL 32317 US**FEI Number:** 59-2027146**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RHINEHART, ROBERT S
644 CAPITAL CIRCLE NE
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:** ROBERT S RHINEHART

03/18/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MORAN, BRIAN
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT
Name WALKER, TINA
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER
Name IPPOLITO, ROB
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title D
Name KAEIN, ALEX
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY
Name ORR, KATIE
Address 644 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32301

Title MANAGER/AGENT
Name RHINEHART, ROBERT S
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

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: ROBERT S RHINEHART

MANAGER

03/18/2016

Electronic Signature of Signing Officer/Director Detail

Date