

**2013 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

04/11/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MORAN, BRIAN  
Address 4644 INISHEER DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title VP  
Name WALKER, TINA  
Address P.O. BOX 20061  
City-State-Zip: TALLAHASSEE FL 32316

Title S/T  
Name IPPOLITO, ROB  
Address 2029 MORNING DOVE ROAD  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name MILLER, DREW  
Address 2713 LUCERNE DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name PRESTON, DREW  
Address 4683 INISHEER DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

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/AGENT

04/11/2013

Electronic Signature of Signing Officer/Director Detail

Date