

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742892

**Entity Name:** THE TIMBERS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**215 W COLLEGE AVE  
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  
215 W COLLEGE AVENUE  
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

02/09/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KYNOCH, JANE  
Address 785 TIMBERWOOD CIRCLE E  
City-State-Zip: TALLAHASSEE FL 32304

Title PRESIDENT  
Name KAELIN, ALEX  
Address 2228 TIMBERWOOD CIRCLE S  
City-State-Zip: TALLAHASSEE FL 32304

Title TREASURER, SECRETARY  
Name KAISER, DIANA  
Address 2187 TIMBERWOOD CIRCLE S  
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR  
Name LAKE, STIRLING  
Address 2255 SHADY TIMBERS CIR A  
City-State-Zip: TALLAHASSEE FL 32304

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

Title VP  
Name INNS, SHANAI  
Address 2265 GREEN TIMBERS TRAIL STE A  
City-State-Zip: TALLAHASSEE FL 32304

*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:** KYLE ROWELL

CFO

02/09/2020

Electronic Signature of Signing Officer/Director Detail

Date