

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20350

Entity Name: TIMBERLANE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2628 W SUNRISE ST
LECANTO, FL 34461**Current Mailing Address:**PO BOX 640-305
BEVERLY HILLS, FL 34465 US**FEI Number: 59-2794275****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DECARMINE, PAT
2628 W SUNRISE ST
LECANTO, FL 34461 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	DECARMINE, PAT
Address	2628 W SUNRISE ST
City-State-Zip:	LECANTO FL 34461

Title	1VP
Name	STRANIGAN, HARVEY
Address	1181 N RABECK AVE
City-State-Zip:	LECANTO FL 34461

Title	2VP
Name	RIGNEY, ANITA
Address	1481 N LOMBARDO AVE
City-State-Zip:	LECANTO FL 34461

Title	TRES
Name	LEHMANN, DEBORAH
Address	1254 N PROSPECT AVE
City-State-Zip:	LECANTO FL 34461

Title	SEC
Name	PILON, PEGGY
Address	2853 W SUNRISE ST
City-State-Zip:	LECANTO FL 34461

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: PAT DECARMINE**PRESIDENT****02/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date