

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37208

**FILED**  
**Feb 05, 2014**  
**Secretary of State**  
**CC9992860361**

**Entity Name:** TYMBER TRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

TYMBER TRACE  
1361 WAYNE AVE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

TYMBER TRACE  
PO BOX 906  
NEW SMYRNA BEACH, FL 32170

**FEI Number: 59-2999239**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALLEN, BRIAN J  
625 MIDDLEBURY LOOP  
NEW SMYRNA BEACH, FL 32168 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: BRIAN J. ALLEN**

**02/05/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name ALLEN, BRIAN J  
Address 625 MIDDLEBURY LOOP  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title SD  
Name SIMMONDS, HEATHER  
Address 685 ROCHESTER COURT  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VD  
Name DUCKWORTH, ROBERT  
Address 657 WELLESLEY COURT  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title PD  
Name GERLACH, BILL  
Address 653 WELLESLEY COURT  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VD  
Name DUTTON, JAMES  
Address 651 MIDDLEBURY LOOP  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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: BRIAN J. ALLEN**

**TD**

**02/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date