

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000029074

Entity Name: TIMBERWOODS VACATION VILLAS, LLC**Current Principal Place of Business:**8378 S. TAMIAMI TRL.
SARASOTA, FL 34238**Current Mailing Address:**8378 S. TAMIAMI TRL.
SARASOTA, FL 34238**FEI Number:** 59-2792942**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BLANCO, TERESA
8378 S. TAMIAMI TRAIL
SARASOTA, FL 34238 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**Authorized Person(s) Detail :**

Title	PRES
Name	MICHEL, LAURE
Address	1530 ROYAL ORCHARD DR. C.P. #294
City-State-Zip:	CUMBERLAND ON J8V 1-H8

Title	SECR
Name	LEON-PAUL, SAUVAGEAU
Address	45 RUE BROUAGE
City-State-Zip:	GATINEAU PQ J9J 1-J5

Title	TREA
Name	ROBERT, PELLETIER
Address	110 LE ROY
City-State-Zip:	GATINEAU PQ K0A 1-S0

Title	CHR
Name	JEAN-MARIE, GODARD
Address	1344 ELZEAR
City-State-Zip:	GATINEAU PQ J8R 2-G4

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT PELLETIER**TREASURER****09/22/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date