


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90040 023 ****61.25

DOCUMENT # 705757					
1. Entity Name TIMBERLANE ASSOCIATION, INC.					
Principal Place of Business 5618 LAKESIDE DR LAKE WALES, FL 33853			Mailing Address 5618 LAKESIDE DR LAKE WALES, FL 33853		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PETTUS, D CURREY 5618 LAKESIDE DR LAKE WALES, FL 33898				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETTUS, CURREY		NAME	ROB PIPPIN	
STREET ADDRESS	5618 LAKESIDE DR		STREET ADDRESS	5036 LAKESIDE DR	
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP	LAKE WALES, FL, 33898	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECKLER, DAVE		NAME	WALT HARRELL	
STREET ADDRESS	5306 LAKESIDE DR		STREET ADDRESS	5400 TIMBERLANE ROAD	
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP	LAKE WALES, FL. 33898	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN RYN, NAN		NAME		
STREET ADDRESS	5354 TIMBERLANE RD		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULTON, GWEN		NAME		
STREET ADDRESS	5637 MOONRISE LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.					
SIGNATURE: <i>D. Currey Pettus</i>			Date: 3/13/05 Daytime Phone #: 863-439-5590		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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03132005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1089201 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> Delete
NAME	PETTUS, CURREY	
STREET ADDRESS	5618 LAKESIDE DR	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HECKLER, DAVE	
STREET ADDRESS	5306 LAKESIDE DR	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VAN RYN, NAN	
STREET ADDRESS	5354 TIMBERLANE RD	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FULTON, GWEN	
STREET ADDRESS	5637 MOONRISE LANE	
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROB PIPPIN	
STREET ADDRESS	5036 LAKESIDE DR	
CITY-ST-ZIP	LAKE WALES, FL, 33898	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALT HARRELL	
STREET ADDRESS	5400 TIMBERLANE ROAD	
CITY-ST-ZIP	LAKE WALES, FL. 33898	
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SIGNATURE: *D. Currey Pettus* Date: 3/13/05 Daytime Phone #: 863-439-5590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #