

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705757

FILED  
May 01, 2009  
Secretary of State

Entity Name: TIMBERLANE ASSOCIATION, INC.

**Current Principal Place of Business:**

5618 LAKESIDE DR  
LAKE WALES, FL 33898

**New Principal Place of Business:**

**Current Mailing Address:**

5618 LAKESIDE DR  
LAKE WALES, FL 33898

**New Mailing Address:**

FEI Number: 59-1089201      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PETTUS, D.CURREY  
5618 LAKESIDE DR  
LAKE WALES, FL 33898      US

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

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

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: PETTUS, CURREY  
Address: 5618 LAKESIDE DR.  
City-St-Zip: LAKE WALES, FL 33898

Title: P      ( ) Delete  
Name: LAUER, DAVID  
Address: 5400 LAKESIDE DR.  
City-St-Zip: LAKE WALES, FL 33898

Title: VP      ( ) Delete  
Name: HECLKER, DAVE  
Address: 5306 LAKESIDE DR.  
City-St-Zip: LAKE WALES, FL 33898

Title: S      ( ) Delete  
Name: HARBRECHT, RUTH  
Address: 5524 MEADNER DR.  
City-St-Zip: LAKE WALES, FL 33898

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: D. CURREY PETTUS

T

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date