# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 03, 2009**
**Secretary of State**

DOCUMENT# 731377

**Entity Name:** TIMBERWOODS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RESOURCE PROPERTY MGMT
7300 PARK ST.
SEMINOLE, FL 33777 US

**New Principal Place of Business:**

**Current Mailing Address:**

7300 PARK STREET
SEMINOLE, FL 33777 US

**New Mailing Address:**

**FEI Number: 59-1581692** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RESOURCE PROPERTY MGMT
7300 PARK ST.
SEMINOLE, FL 33777 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: TD ( ) Delete
Name: HORMELL, JEAN
Address: 9765-86TH AVE. N
City-St-Zip: SEMINOLE, FL 33777

Title: VD ( ) Delete
Name: SMITH, ALAN
Address: 9683-86TH AVE. N
City-St-Zip: SEMINOLE, FL 33777

Title: PD ( ) Delete
Name: HAMILTON, MARY ANNE
Address: 9751 86TH AVENUE 1
City-St-Zip: SEMINOLE, FL 33777

Title: DS ( ) Delete
Name: SMITH, WALTER
Address: 9663 86TH AVE N
City-St-Zip: SEMINOLE, FL 33777

Title: D (X) Delete
Name: PORTHER, HOLLY
Address: 9527-86TH AVE N
City-St-Zip: SEMINOLE, FL 33777

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

Title: T (X) Change ( ) Addition
Name: HORMELL, JEAN
Address: 9765-86TH AVE. N
City-St-Zip: SEMINOLE, FL 33777

Title: P (X) Change ( ) Addition
Name: SCHULER, TOM
Address: 9755-86TH AVE. N
City-St-Zip: SEMINOLE, FL 33777

Title: VP (X) Change ( ) Addition
Name: HAMILTON, MARY ANNE
Address: 9751 86TH AVENUE N
City-St-Zip: SEMINOLE, FL 33777

Title: D (X) Change ( ) Addition
Name: PORTER, HOLLY
Address: 9527-86TH AVE N
City-St-Zip: SEMINOLE, FL 33777

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: TOM SCHULER P 04/03/2009

Electronic Signature of Signing Officer or Director — Date