

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736764

FILED  
Feb 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

376 TYMBER RUN  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 730085  
ORMOND BCH, FL 321730085 US

**New Mailing Address:**

**FEI Number:** 59-5590199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATTORNEY CHARLES DAVID HOOD JR.  
444 SEABREEZE BLVD  
DAYTONA BEACH, FL 32118 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: P ( ) Delete  
Name: WARD, SHERRY  
Address: 358 TYMBER RUN  
City-St-Zip: ORMOND BCH, FL 32174

Title: S ( ) Delete  
Name: CORNWELL, DOROTHY  
Address: 103 WILLOW BEND LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete  
Name: BAKER, MARK  
Address: 327 GROVER CREEK CROSSING  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete  
Name: BLAIR, MARK  
Address: 326 GROVER CREEK CROSSING  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete  
Name: JOHNSON, ROSELL T  
Address: 213 BAY PINES CT  
City-St-Zip: ORMOND BEACH, FL 32174

**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: T (X) Change ( ) Addition  
Name: PRESSWOOD, CLAY  
Address: 317 OAK FERN CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR (X) Change ( ) Addition  
Name: JOHNSON, ROSELLE T  
Address: 213 BAY PINES CT  
City-St-Zip: ORMOND BEACH, FL 32174

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: ROSELLE TUTTLE JOHNSON

MGR

02/06/2009

Electronic Signature of Signing Officer or Director

Date