

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738259

FILED  
Apr 29, 2007  
Secretary of State

**Entity Name:** TIMBERS EDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 864  
ORMOND BEACH, FL 32175

**New Principal Place of Business:**

TIMBERLINE TRAIL  
ORMOND BEACH, FL 32175

**Current Mailing Address:**

P.O. BOX 864  
ORMOND BEACH, FL 32175

**New Mailing Address:**

**FEI Number:** 59-1772712      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RANSBOTTOM, LUELLEN  
991 OLD MILL RD  
ORMOND BEACH, FL 32174      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: V      ( ) Delete  
Name: GOODRICH, DELMER  
Address: 150 PINE CONE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: P      ( ) Delete  
Name: BLACKLEDGE, MARY  
Address: 168 PINE CONE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D      ( ) Delete  
Name: APPLGARTH, CATHY  
Address: 154 PINE CONE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST      ( ) Delete  
Name: HOEFERT, LINDA  
Address: 167 PINE CONE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D      ( ) Delete  
Name: KAISTURA, ALEX  
Address: 19 TALAQUAH BLVD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D      ( ) Delete  
Name: SWASEY, ROBERT  
Address: 162 PINE CONE TR  
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: V      (X) Change ( ) Addition  
Name: PILCHER, MICHAEL  
Address: 107 TIMBERLINE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D      (X) Change ( ) Addition  
Name: BLACKLEDGE, MARY  
Address: 168 PINE CONE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

Title: D      (X) Change ( ) Addition  
Name: SWASEY, ROBERT  
Address: 162 PINE CONE TR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: PRES      (X) Change ( ) Addition  
Name: CATHERINE, CALDERONI  
Address: 108 TIMBERLINE TRAIL  
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: CATHERINE CALDERONI

PRES

04/29/2007

Electronic Signature of Signing Officer or Director

Date