2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2012
Secretary of State

DOCUMENT# 738259

Entity Name: TIMBERS EDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

991 OLD MILL RD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 731791
ORMOND BEACH, FL 32173

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: VD
Name: SWASEY, ROBERT
Address: 162 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD
Name: BLACKLEDGE, MARY
Address: 168 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD
Name: HOEFERT, LINDA
Address: 167 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: BURROUGHS, JOAN
Address: 138 PINE CONE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD
Name: CALDERONI, CATHERINE
Address: 200 RIO PINAR DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: NANCY, MASSANO
Address: 301 CHESHAM ST
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: MARY BLACKLEDGE SEC 02/14/2012

Electronic Signature of Signing Officer or Director — Date