


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90091 043 ****61.25

| | | | | | |
|---|-------------------------|--|--|--|-----------------------------------|
| DOCUMENT # 740586 | | | |  | |
| 1. Entity Name TIMBERCREEK HOMEOWNER'S ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2295 CORPORATE BLVD. NW SUITE 138 BOCA RATON, FL 33431 | | | Mailing Address 2295 CORPORATE BLVD. NW SUITE 138 BOCA RATON, FL 33431 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1797551 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HAAG, DAVID 2295 N.W. CORPORATE BLVD. SUITE 138 BOCA RATON, FL 33431 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BISHOP, VALERIE | | NAME | | |
| STREET ADDRESS | 2600 TIMBERCREEK CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LOUGHNEY, KEVIN | | NAME | | |
| STREET ADDRESS | 2878 N.W. 24 CT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MENOEZ, FRANK | | NAME | | |
| STREET ADDRESS | 2701 TIMBERCREEK CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SENYSHYN, WILLIAM | | NAME | | |
| STREET ADDRESS | 2750 TIMBERCREEK CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BRANDWEIN, GARY | | NAME | | |
| STREET ADDRESS | 2401 NW 26TH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ | | | Date _____ Daytime Phone # _____ | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

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