

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90034 036 ****61.25

DOCUMENT # 743336			
1. Entity Name TIMBERCREEK TOWNHOMES & VILLAS HOMEOWNER'S ASSOCIATION, INC.		Principal Place of Business % WELLINGTON MANAGEMENT, INC. 12785-C FOREST HILL BLVD. WELLINGTON, FL 33414	
Mailing Address % WELLINGTON MANAGEMENT, INC. 12785-C FOREST HILL BLVD. WELLINGTON, FL 33414			
2. Principal Place of Business 3461-B Fairlane Farms Rd Suite, Apt. #, etc.		3. Mailing Address 3461-B Fairlane Farms Rd Suite, Apt. #, etc.	
City & State Wellington FL		City & State Wellington FL	
Zip 33414		Country USA	
4. FEI Number 59-2237570		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 SANTAMARIA, CHRISTOPHER 505 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		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 D NAME STULL, KIM STREET ADDRESS 411 SPARROW DR #15 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE President NAME Mitchell Thompson STREET ADDRESS 100 Sparrow Dr #4 CITY-ST-ZIP Royal Palm Beach FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME DYSON, KRISTA STREET ADDRESS 100 SPARROW DR. #11 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE Vice President NAME Frank Sabat STREET ADDRESS 100 Sparrow Dr #5 CITY-ST-ZIP Royal Palm Beach 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME SANTAMARIA, JESS STREET ADDRESS 155 GALIANO STREET CITY-ST-ZIP ROYAL PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE Director NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SANTAMORIA, VICTORIA STREET ADDRESS 155 GALIANO ST. CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE Treasurer NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SANTAMAVIA, CHRISTOPHER STREET ADDRESS 500 ROYAL PALM BEACH BLVD. CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		3/12/04 (561) 793-2351 Date Daytime Phone #	