

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90074 030 \*\*\*\*61.25

**DOCUMENT # 743336**

1. Entity Name  
**TIMBERCREEK TOWNHOMES & VILLAS HOMEOWNER'S  
ASSOCIATION, INC.**



Principal Place of Business  
**3461-B FAIRLANE FARMS RD.  
WELLINGTON, FL 33414**

Mailing Address  
**3461-B FAIRLANE FARMS RD.  
WELLINGTON, FL 33414**

40040122



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2237570**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete  
NAME **SABAF, FRANK**  
STREET ADDRESS **100 SPARROW DR., #5**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **SD** ☐ Delete  
NAME **SANTAMARIA, JESS**  
STREET ADDRESS **675 ROYAL PALM BEACH BLVD**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **TD** ☐ Delete  
NAME **SANTAMARIA, VICTORIA**  
STREET ADDRESS **675 ROYAL PALM BEACH BLVD**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **PD** ☐ Delete  
NAME **SANTAMARIA, CHRISTOPHER**  
STREET ADDRESS **675 ROYAL PALM BEACH BLVD**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **D** ☒ Delete  
NAME **MAHER, JAMES III**  
STREET ADDRESS **103 SILVER BELL CRESCENT**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **SANTAMARIA, JESS**  
STREET ADDRESS **675 ROYAL PALM BEACH BLVD**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☒ Change ☐ Addition  
NAME **SANTAMARIA, VICTORIA**  
STREET ADDRESS **675 ROYAL PALM BEACH BLVD**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

581-753-7555

Daytime Phone #