2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #743438

1. Entity Name
TIMBER CREEK CONDOMINIUMS ASSOCIATION, INC



FILED Feb 20, 2007 8:00 am Secretary of State 02-20-2007 90040 029 ****61.25

TIMBER GREEK GONDOMINIOMO AGGGGIATION, INC.												
ADVANCED MGMT			Mailing Address 9031 TOWN CENTER PKWY BRADENTON, FL 34202 US				ፈ ህህ	บอรง				
] 					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					02062007	hg-NP	CR2E037 (12/06)		
City & State		City & State					4. FEI Number 59-19909				plied For	
Zip	Country	Zip		try		5. Certificate of Status Desired S8.75 Additional Fee Required						
- 6. Name and Address of Current Regist							7. Name and Address of New Registered Agent					
ADVANCED MGMT OF SOUTHWEST FLINC.					Name							
9031 TOWN CENTER PKWY BRADENTON, FL 34202			Street Addres			ddress (f	s (P.O. Box Number is Not Acceptable)					
					Citý				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 renstating) DATE												
Filing Fee is \$61.25 Due by May 1, 2007			Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTOR				11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					10 /	
TOTLE	PD BOSEPT		☐ Delete	TITLE		VPD] Change	Addition	
NAME STREET ADDRESS	CHICKERING, ROBERT 6004 OAK CREEK LN			NAME	r address	HARI	215,5004					
CITY-ST-ZIP	BRADENTON, FL 34210			CiTY-S	T-ZIP	6063	RIS, JUDY 8 FAIRWAY . DENTO, F	LANE			_	
TITLE	VPD		⊠ Delete	TITLE		VPD	VENIO 3 P	U VIOLU		Change	Addition	
NAME	BOOSE, JIM		• •	NAME		@4:1	k. BOB			•	_	
STREET ADDRESS CITY-ST-ZIP	6010 OAK CREEK LANE BRADENTON, FL 34210				ADDRESS	606	OFNTOn,	ANE				
TITLE	VPD	<u></u> -	1 5 7	CITY-S	SI - ZIP	BRA	DENTON	VV 34,		١		
NAME	AYLMER, TOM		🔀 Delete	TITLE		SP	T N/10	4] Change	Addition	
STREET ADDRESS	6006 OAKCREEK LN.	-			I ADDRESS	1150	TIMBER	LANE				
CITY-ST-ZIP	BRADENTON, FL 34210			CITY-S	ST - 21P	1206	DENTONIL	L 342	/υ		_	
TITLE	AS		Delete	TITLE	,	The				Change	Addition	
NAME STREET ADDRESS	WILSON, DOUGLAS E			NAME		1/2	OMPSON, SI	⁹ M				
CITY-ST-ZIP	9039 TOWN CENTER PKWY BRADENTON, FL 34202			CITY-S	T_ZIP	609	2 REDMAP	IE KOAD			l	
TITLE	S		⊠ Delete	TITLE) EII	1300	ompson, Si A Reomap ADENTON, I	- 39A	<i>/U</i>	l Change	□ teleficion	
NAME	RIBOT, PIERRE		Delete	NAME					L.,) Change	☐ Addition	
STREET ADDRESS	6080 RED MAPLE RD			STREET	ADDRESS							
CITY+ST-ZIP	BRADENTON, FL 34210			CITY-S	ST-ZIP							
TITLE	VPD		☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS	HOEKSEMA, RUSS 4502 TIMBER LANE			NAME	ţ							
CITY-ST-ZIP	BRADENTON, FL 34210			CITY-S	TADORESS ST-ZIP							
	certify that the information supplied with	this filing	does not qualify for t	┺		entained	in Chapter 110. Ele		formation of the state of			

Indicated on this report or supplies with this filling does not quality 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

941-359-1134 Daytme Phone *