## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # 745275  1. Entity Name TIMBER WOODS HOMEOWNERS ASSOCIATION, INC.						,	04-30-200′	7 90435 00	)3 ****6]	1.25
Principal Place of Business 4043 DEAR LANE DR 4043 DEAR LANE DR 4043 DEAR LANE TALLAHASSEE, FL 32312 US TALLAHASSEE, FL								ujis ārēji Sjāji B(GE)	Bieri Bieri Stal	III II (98)
2. Principal Place o	Business - No P.O. Box #	3. Mailing Address			_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04222007	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State				4. FEI Number 59-28978	56			plied For t Applicable
Zip	Country	Zip	ip Cour			5. Certificate of Status Desired S8.75 Additional Fee Required				
_ 6,-		Name		7. Name and Ad	dress of New	Registered A	gent-			
LAJEUNESSE, DAVID C										
4043 DEER LANE DR. TALLAHASSEE, FL 32312				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 acce									and accept	
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Filis Due		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 DIR		11.		A	ADDITIONS/CHAN	GES TO OFFIC	CERS AND DIR	ECTORS IN	
STREET ADDRESS 415	ASZCZYK, PENNY 60 DEER LANE DR LLAHASSEE, FL 32312	Delete		E ET ADORESS -ST-ZIP	SUF SUF 409 TAI	IRWEIR, C 7 DEER L LLAHACS	LINDY ANE D	R 32312	☐ Change	Addition
TITLE T		☐ Delete	TITL	E	• • • •	and [[[]]an	<del></del>	0_0	☐ Change	Addition
	JEUNESSE, DAVID		NAM	- 1						
l	I3 DEER LANE DR LLAHASSEE, FL 32312			ET ADDRESS -ST-ZIP						
TITLE PD		☐ Delete	TITL NAM STRI						Change	☐ Addition
CITY-ST-ZIP TAL	LLAHASSEE, FL 32312		CITY	-ST-ZIP		-				
TITLE NAME		☐ Delete	TITL	E	ROD	RIGUEZ,	FERNI	ANDO	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STR	CT ADDOCCC		LAHASSI	-		2 D	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRI	E IE EET ADORESS	01E	RO, ANG 26 DEER LLAHAS	ELICA LANE	EAR	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	when the information expelled with	Delete	CITY	E HE EET ADDRESS '-ST-ZIP		in Chanter 119 F	ŕ		Change	Addition

I hereby certify that the information supplied with this filling 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 faccurate 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 of rustee 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 a lighter like empowered.

SIGNATURE: