

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745275

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: TIMBER WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4043 DEER LANE DR  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

4043 DEER LANE DR.  
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

4043 DEER LANE DR  
TALLAHASSEE, FL 32312 US

FEI Number: 59-2897856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAJEUNESSE, DAVID C  
4043 DEER LANE DR.  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: SUHRWEIR, CINDY  
Address: 4097 DEER LANE DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD ( ) Delete  
Name: LAJEUNESSE, DAVID  
Address: 4043 DEER LANE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD ( ) Delete  
Name: MAILHOT, PATRICIA  
Address: 4061 DEER LANE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: RODRIGUEZ, FERNANDO  
Address: 4025 DEER LANE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: OTERO, ANGELICA  
Address: 4026 DEER LANE DR  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: LAJEUNESSE, DAVID C  
Address: 4043 DEER LANE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. LAJEUNESSE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

04/22/2009

\_\_\_\_\_  
Date