


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90067 044 ****61.25

DOCUMENT # 746159 1. Entity Name THE TIMBERS OF BOCA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O HAWK-EYE MANAGEMENT INC. 3901 N. FEDERAL HWY., STE 202 BOCA RATON, FL 33431			Mailing Address C/O HAWK-EYE MANAGEMENT INC. 3901 N. FEDERAL HWY., STE 202 BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2144545	
				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 PATTI, PAUL N. % HAWK-EYE MANAGEMENT INC. 3901 N. FEDERAL HWY., STE 202 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 <input type="checkbox"/> Delete		TITLE	DVP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GUNTHER, KAMP		NAME	KAMP, GUNTHER	
STREET ADDRESS	21274 HAZELWOOD LANE		STREET ADDRESS	21274 HAZELWOOD LANE	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	PD <input type="checkbox"/> Delete		TITLE		
NAME	BRYAN, DIANE B		NAME		
STREET ADDRESS	21174 WHITE OAK AVE.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	HIBBARD, CHRIS		NAME		
STREET ADDRESS	21184 WHITE OAK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	DS <input checked="" type="checkbox"/> Delete		TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANCHARD, KAY		NAME	WITTE, PAMELA	
STREET ADDRESS	21144 WHITE OAK AVE		STREET ADDRESS	21170 WHITE OAK AVE	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VOGEL, J. SCOTT		NAME	LA FLEUR, THOMAS	
STREET ADDRESS	21341 CHINABERRY DRIVE		STREET ADDRESS	21267 HAZELWOOD LANE	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BERNARDINI, CHARLES		NAME	SPRINGSTON, JEFFREY	
STREET ADDRESS	21110 WATER OAK AVE		STREET ADDRESS	21270 HAZELWOOD LANE	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON, FL 33428	
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: <u>Diane B. Bryan</u> 4/13/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					