


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90020 019 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DVP KAMP, GUNTHER 21274 HAZELWOOD LANE BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROHRER, DEREK 21140 WATER OAK TERRACE BOCA RATON, FL. 33428 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYAN, DIANE B 21174 WHITE OAK AVE. BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIBBARD, CHRIS 21164 WHITE OAK AVE BOCA RATON, FL. 33428 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWES, ANDREW 21171 WHITE OAK AVE BOCA RATON, FL 33428 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIAZ, JULIA 21180 WHITE OAK AVE BOCA RATON, FL 33428 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, JULIA 21180 WHITE OAK AVE BOCA RATON, FL. 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA FLEUR, THOMAS 21267 HAZELWOOD LANE BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGEL, SCOTT 21341 CHINA BERRY DR. BOCA RATON, FL. 33428 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRINGSTON, JEFFREY 21270 HAZELWOOD DR BOCA RATON, FL 33428 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPRINGSTON, JEFFREY 21270 HAZELWOOD DR. BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/3/07 562 2105245 <small>Date Daytime Phone #</small>		