

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747187

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: TIMBERWALK ASSOCIATION, INC.

**Current Principal Place of Business:**

23150 SANDALFOOT PLAZA DR.  
A  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

**Current Mailing Address:**

23150 SANDALFOOT PLAZA DR.  
A  
BOCA RATON, FL 33428 US

**New Mailing Address:**

FEI Number: 59-1971148      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CAPLAN, LOUIS ESQ  
C/O SACHS SAX & KLEIN  
301 YAMATO RD, STE 4150  
BOCA RATON, FL 33131 US

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

ASSOCIATED CORPORATE SERVICES, LLC  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 US

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: LOU CAPLAN

03/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MILLER, BRUCE  
Address: 22499 VISTAWOOD WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: VPTD ( ) Delete  
Name: FREEDMAN, CYNTHIA  
Address: 11604 TIMBERS WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: DS ( ) Delete  
Name: DAMARIS, MOLINA  
Address: 22493 VISTA WOOD WAY  
City-St-Zip: BOCA RATON, FL 33428

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

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: CYNTHIA FREEDMAN

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date