

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90383 021 ****61.25

DOCUMENT # 749619

1. Entity Name
TIMBER RUN OWNERS' ASSOCIATION, INC.



Principal Place of Business
2994 JOG RD.
SUITE B
GREENACRES, FL 33467 US

Mailing Address
2994 JOG RD.
SUITE B
GREENACRES, FL 33467 US

40087225



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

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2060689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERRISH, SCOT
2994 JOG RD.
SUITE B
GREENACRES, FL 33467

Name

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME JOHNSON, JOHN
STREET ADDRESS 545 TOXAWAY DR.
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE *ST* *Martin Glinbank* ☐ Change ☒ Addition
NAME
STREET ADDRESS *652 CASHIERS DRIVE*
CITY-ST-ZIP *W. P. B. FL 33413*

TITLE D ☒ Delete
NAME CALDWELL, JULIE
STREET ADDRESS 747 CANNESTER RD
CITY-ST-ZIP W. PALM BCH, FL 33413

TITLE *S* *Lynne Seagle* ☐ Change ☒ Addition
NAME
STREET ADDRESS *576 TOCCOA ROAD*
CITY-ST-ZIP *W. P. B. FL 33413*

TITLE P ☐ Delete
NAME MULE, KAREN
STREET ADDRESS 970 RYANWOOD DR
CITY-ST-ZIP W. PALM BCH, FL 33413

TITLE *Director* *Candy Toth* ☐ Change ☒ Addition
NAME
STREET ADDRESS *591 TOCCOA ROAD*
CITY-ST-ZIP *W. P. B., FL 33413*

TITLE D ☒ Delete
NAME ADLER, HOWARD
STREET ADDRESS 957 RYANWOOD DR.
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE *Director* *Julie Hockton* ☐ Change ☒ Addition
NAME
STREET ADDRESS *747 Connester Road*
CITY-ST-ZIP *W. P. B., FL 33413*

TITLE ST ☒ Delete
NAME SIKORSKI, MARY LOU
STREET ADDRESS 687 CONNESTEE RD.
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Karen Mule'* *Karen Mule'* 4/18/07 561-682-9470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #