


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90026 041 ****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		
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	4. FEI Number 59-2060689	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERRISH, SCOT 2994 JOG RD. SUITE B GREENACRES, FL 33467			7. Name and Address of New Registered Agent 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 _____ <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 September 12, 2008		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, JOHN 545 TOXAWAY DR. WEST PALM BEACH, FL 33413		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST P GRINBANK, MARTIN 652 CASHIERS DRIVE W. PALM BCH, FL 33413		<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP <i>Richard Calarino</i> <i>653 CASHIERS DRIVE</i> <i>W.P.B FL 33413</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULE, KAREN 970 RYANWOOD DR W. PALM BCH, FL 33413		<input checked="" type="checkbox"/> Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP SEARLES, LYNNE 576 TOCCOA RD WEST PALM BEACH, FL 33413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEARLES, LYNNE 576 TOCCOA ROAD WEST PALM BEACH, FL 33413		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOTH, CANDY 591 TOCCOA ROAD WEST PALM BEACH, FL 33413		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOCKTON, JULIE 747 CONNESTEE ROAD WEST PALM BEACH, FL 33413		<input checked="" type="checkbox"/> Delete	<input 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>				Date 7/2/08 <small>Daytime Phone #</small>	