2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90170 034 ****61.25

DOCUMENT # 752215

1. Entity Name
TIMBERLAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7935 TIMBERLAKE DR. W MELBOURNE, FL 32904	7935 TIMBERLAKE DR. W MELBOURNE, FL 32904

01032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7939 Timberlake Dr	7939 Timberlake Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W. Melbourne, FL	City & State: W. Melbourne, FL
Zip: 32904 Country: Brevard	Zip: 32904 Country: Brevard

4. FEI Number 59-2166937 ☐ 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
ELLER, JAMES 7935 TIMBERLAKE DR. W MELBOURNE, FL 32904	Name: William Tripldt Street Address (P.O. Box Number is Not Acceptable): 7939 Timberlake Dr. City: W. Melbourne FL Zip Code: 32904

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] 04/22/07
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SETTGAST, CHARLIE 7929 TIMBERLAKE DRIVE WEST MELBOURNE, FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STUMP, GENE 7902 TIMBERLAKE DRIVE MELBOURNE, FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ~~ELLER, JAMES~~ ~~7935 TIMBERLAKE DRIVE~~ ~~W. MELBOURNE, FL 32904~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OT Tripldt, William 7939 Timberlake Dr W. Melbourne, FL 32904 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLUNK, JOSEPH 7947 TIMBERLAKE DR MELBOURNE, FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hughes, Marion 7972 Timberlake Dr. W. Melbourne, FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 04/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #