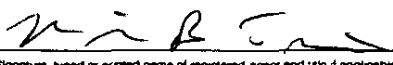
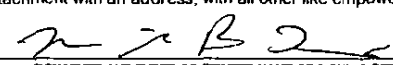


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 7935 TIMBERLAKE DR. W MELBOURNE, FL 32904				Mailing Address 7935 TIMBERLAKE DR. W MELBOURNE, FL 32904	
2. Principal Place of Business - No P.O. Box # 7939 Timberlake Dr Suite, Apt. #, etc.		3. Mailing Address 7939 Timberlake Dr Suite, Apt. #, etc.			
City & State W. Melbourne, FL		City & State W. Melbourne, FL		4. FEI Number 59-2166937	
Zip 32904		Country Brevard		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLER, JAMES 7935 TIMBERLAKE DR. W MELBOURNE, FL 32904				7. Name and Address of New Registered Agent Name William Triplett 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 				DATE 04/22/07	
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	DT Triplet, 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	☐ 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: 				DATE 04/22/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	