## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 752215**

FILED Apr 02, 2008 Secretary of State

Entity Name: TIMBERLAKE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 7939 TIMBERLAKE DR. 7976 TIMBERLAKE DR W MELBOURNE, FL 32904 W MELBOURNE, FL 32904 **Current Mailing Address: New Mailing Address:** 7939 TIMBERLAKE DR 7976 TIMBERLAKE DR W MELBOURNE, FL 32904 W MELBOURNE, FL 32904 FEI Number: 59-2166937 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: TRIPLETT, WILLIAM ROSADO, JANET 7939 TIMBERLAKE DR. 7976 TIMBERLAKE DR W MELBOURNE, FL 32904 US W MELBOURNE, FL 32904 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: JANET ROSADO 04/02/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SETTGAST, CHARLIE Name: Name: 7929 TIMBERLAKE DRIVE Address: Address: City-St-Zip: WEST MELBOURNE, FL 32904 City-St-Zip: Title: Title: () Delete () Change () Addition Name: STUMP, GENE Name: Address: 7902 TIMBERLAKE DRIVE Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TRIPLDT, WILLIAM Name: TRIPLETT, WILLIAM Name: 7939 TIMBERLAKE DR. 7939 TIMBERLAKE DR. Address: Address: City-St-Zip: W. MELBOURNE, FL 32904 City-St-Zip: W. MELBOURNE, FL 32904 Title: () Delete Title: () Change () Addition Name: BLUNK, JOSEPH Name: 7947 TIMBERLAKE DR Address: Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: Title: Title: () Delete () Change () Addition HUGHES, MARION Name: Name: 7972 TIMBERLAKE DR. Address: Address: City-St-Zip: MELBOURNE, FL 32904 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: JANET ROSADO T 04/02/2008