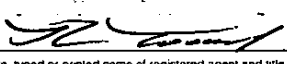
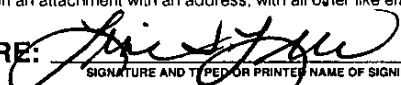


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90073 042 ****61.25

DOCUMENT # 759259 1. Entity Name TIMBERWAY COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 5522 NW 43RD STREET GAINESVILLE, FL 32653 US			Mailing Address 5522 NW 43RD STREET GAINESVILLE, FL 32653 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2120174	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOSSHARDT PROPERTY MANAGEMENT, INC. 5522 NW 43 STREET GAINESVILLE, FL 32653				7. Name and Address of New Registered Agent Name Richard A. Tenaglia. Street Address (P.O. Box Number is Not Applicable) c/o Bosshardt Pmgmt 5522-B NW 43rd St. City Gainesville FL Zip Code 32653	
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  Richard Tenaglia. DATE 2/10/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD SMYTH, SHANNON 5730 NW 34TH PLACE GAINESVILLE, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STONE, IRWIN 3307 NW 51ST TERRACE GAINESVILLE, FL 32606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LILLEY, LINDA 3400 NW 52 TERR GAINESVILLE, FL 32606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENQUIST, RUTH JEAN 5126 NW 34TH PLACE GAINESVILLE, FL 32607	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENLEY, ANN 3328 NW 51ST TERRACE GAINESVILLE, FL 32606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James Galloway 3322 NW 52nd Terr Gainesville, FL 32606	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 exemption stated in Section 119.07(3)(i), 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:  LINDA LILLEY DATE 3/23/05 (352) 342-3150 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					