## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 759259**

FILED Apr 23, 2009 Secretary of State

Entity Name: TIMBERWAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	
POOL OFF	KEY CREEK ICE FL 32615	BLVD US	11820 TURKEY CREEK ALACHUA, FL 32615	(BOULEVARD US
Current Mailing Address:			New Mailing Address:	
	EY CREEK FL 32615	US	148 TURKEY CREEK ALACHUA, FL 32615	US
El Number:	59-2120174	FEI Number Applied For ( ) FEI Nu	mber Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of (	Current Registered Agent:	Name and Address of New Registered Agent:	
BEAVERS, SARAH 11400 TURKEY CREEK BLVD. POOL OFFICE ALACHUA, FL 32615 US			BEAVERS, SARAH 11820 TURKEY CREEK BOULEVARD ALACHUA, FL 32615 US	
Γhe abo∨e n the State		submits this statement for the purpose	of changing its registered	office or registered agent, or both,
SIGNATUR	RE:			04/23/2009
	Electro	nic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: Dity-St-Zip:	D ( MILNE, MARIL 3333 NW 51 T GAINESVILLE	ERRACE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition
Fitle: Name: Address: Dity-St-Zip:	DT ( STONE, IRWIN 3307 NW 51S GAINESVILLE	T TERRACE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition
Fitle: Name: Address: City-St-Zip:	P ( LILLEY, LINDA 3400 NW 52 T GAINESVILLE,	ERR	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition
Fitle: Name: Address: Dity-St-Zip:	S (X NEWMAN, KAT 3406 NW 52 T GAINESVILLE	ERRACE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition
Fitle: Name: Address: Dity-St-Zip:	D ( PACE, JEAN 3328 NW 51S GAINESVILLE		Title: DS (X) Name: PACE, JEAN Address: 3328 NW 51S City-St-Zip: GAINESVILLE	
Fitle: Name: Address: City-St-Zip:	D ( MATHENY, LIE 3404 NW 52 T GAINESVILLE	ERR	Title: ( Name: Address: City-St-Zip:	) Change ()Addition

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: SARAH BEAVERS MGR 04/23/2009