

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761562

FILED
Mar 02, 2004
Secretary of State**Entity Name:** TIMBER PINES COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**6872 TIMBER PINES BLVD.
C/O LYNN SETELIUS
SPRING HILL, FL 34606 US**New Principal Place of Business:****Current Mailing Address:**6872 TIMBER PINES BLVD.
%LYNN SETELIUS
SPRING HILL, FL 34606 US**New Mailing Address:****FEI Number:** 59-2155799 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LYNN, SETELIUS
6872 TIMBER PINES BLVD
SPRING HILL, FL 34606 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VP () Delete
Name: GILBERT, GLORIA
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRING HILL, FL 34606**Title:** PD () Delete
Name: SCHEFFER, ART
Address: 6872 TIMBER PINES BLVD.
City-St-Zip: SPRINGHILL, FL 34606**Title:** D () Delete
Name: WATERS, JAMES
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRING HILL, FL 34606**Title:** D () Delete
Name: WAGNER, BILL
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRINGHILL, FL 34606**Title:** T () Delete
Name: BLOSSFELD, HEINZ
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRING HILL, FL 34606**Title:** S () Delete
Name: MUELLER, CURT
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRING HILL, FL 34606**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VP (X) Change () Addition
Name: JEAN, LOMURRO
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRING HILL, FL 34606**Title:** S (X) Change () Addition
Name: SCHEFFER, ART
Address: 6872 TIMBER PINES BLVD.
City-St-Zip: SPRINGHILL, FL 34606**Title:** T (X) Change () Addition
Name: GAUTHIER, H. J.
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRING HILL, FL 34606**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PD (X) Change () Addition
Name: BLOSSFELD, HEINZ F
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRING HILL, FL 34606**Title:** D (X) Change () Addition
Name: MUELLER, CURT
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HEINZ BLOSSFELD

PD

03/02/2004

Electronic Signature of Signing Officer or Director

Date

FRANK SAYERS, DIRECTOR
6872 TIMBER PINES BLVD
SPRING HILL FL 34606