2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2005 8:00 am Secretary of State

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DOCUMENT # 761562 1. Entity Name TIMBER PINES COMMUNITY ASSOCIATION, INC.					3-01-2005 9	00074 019 ****61	25
6872 TIMBER PINES BLVD. 687 C/O LYNN SETELIUS %LY		Mailing Address 6872 TIMBER PINES BLV %LYNN SETELIUS SPRING HILL, FL 34606	6872 TIMBER PINES BLVD. %LYNN SETELIUS			5002123	
Principal Place of Business 3.		3. Mailing Address					
Suite, Apt, #, etc.		Suite, Apt. #, etc.		02222005 C	hg-NP	CR2E037 (10/03)	•
City & State		City & State		4. FEI Number 59-215579	99		oplied For at Applicable
Zip	Country	Zip	Country	5. Certificate of S	itatus Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Re	egistered Agent	-
LYNN, SE	TELIUS		Name				
6872 TIMB	SER PINES BLVD IILL, FL 34606		Street Address (Not Acceptable))	
			İ				
			City			FL Zip Code	9
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office or re	egistered agent, or both, in	the State of Flor	rida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)		DATE	
- SIGNATURE 2		and title if applicable. (NOTE: F 9. Election Camp Trust Fund Co	paign Financing	_ \$5.00 May Be		BATE Bke check payable to the	
10.	Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flori	ake check payable to	tate
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of Si	tate
10. TITLE NAME STREET ADDRESS	Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE VP JEAN, LOMURRO 6872 TIMBER PINES BLVD	9. Election Camp Trust Fund Co	paign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANC	Flori	ake check payable to da Department of SI	tate
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE VP JEAN, LOMURRO 6872 TIMBER PINES BLVD SPRING HILL, FL 34606 S SCHEFFER, ART 6872 TIMBER PINES BLVD.	9. Election Camp Trust Fund Co RECTORS	paign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori	ake check payable to da Department of SI RS AND DIRECTORS IN Change	tate I 10 Addition
III.E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE VP JEAN, LOMURRO 6872 TIMBER PINES BLVD SPRING HILL, FL 34606 S SCHEFFER, ART 6872 TIMBER PINES BLVD. SPRINGHILL, FL 34606 T GAUTHIER, H. J. 6872 TIMBER PINES BLVD	9. Election Camp Trust Fund Co RECTORS Delete Delete	Daign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori	ake check payable to da Department of SI RS AND DIRECTORS IN Change	tate 10
III.E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII VP JEAN, LOMURRO 6872 TIMBER PINES BLVD SPRING HILL, FL 34606 S SCHEFFER, ART 6872 TIMBER PINES BLVD. SPRINGHILL, FL 34606 T GAUTHIER, H. J. 6872 TIMBER PINES BLVD SPRING HILL, FL 34606 D WAGNER, BILL 6872 TIMBER PINES BLVD	9. Election Camp Trust Fund Co RECTORS Delete Delete	Daign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees ADDITIONS/CHANC	Flori	ake check payable to da Department of Sings AND DIRECTORS IN Change Change Change	Addition Addition 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:

AND MANUAL H. J. GAY TILLE A. SEATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/08 3526662331

ATTACHMENT

Title

Name

D Frank Sayers

Street Address

6872 Timber Pines Blvd Spring Hill, FL 34606

City-ST-Zip