

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90099 042 \*\*\*\*61.25

<b>DOCUMENT # 761562</b> 1. Entity Name <b>TIMBER PINES COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>6872 TIMBER PINES BLVD. C/O LYNN SETELIUS SPRING HILL, FL 34606 US</b>			Mailing Address <b>6872 TIMBER PINES BLVD. %LYNN SETELIUS SPRING HILL, FL 34606 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LYNN, SETELIUS 6872 TIMBER PINES BLVD SPRING HILL, FL 34606</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>2-17-06</b>  <small>DATE</small> </div> <div style="width: 30%; font-size: small;">           (NOTE: Registered Agent signature required when reinstating)         </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JEAN, LOMURRO</b> <b>6872 TIMBER PINES BLVD</b> <b>SPRING HILL, FL 34606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHEFFER, ART</b> <b>6872 TIMBER PINES BLVD.</b> <b>SPRINGHILL, FL 34606</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Kendrieth, Rose Marie</b> <b>6872 Timber Pines Blvd</b> <b>Spring Hill, FL 34606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GAUTHIER, H. J.</b> <b>6872 TIMBER PINES BLVD</b> <b>SPRING HILL, FL 34606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WAGNER, BILL</b> <b>6872 TIMBER PINES BLVD</b> <b>SPRINGHILL, FL 34606</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Huestis, Alfred</b> <b>6872 Timber Pines Blvd</b> <b>Spring Hill, FL 34606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SHARP, JOHN C</b> <b>6872 TIMBER PINES BLVD</b> <b>SPRING HILL, FL 34606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUELLER, CURT</b> <b>6872 TIMBER PINES BLVD</b> <b>SPRING HILL, FL 34606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> <b>2/20/06</b>  <small>Date</small> </div> <div> <small>Daytime Phone #</small> </div> </div>		

Attachment  
400 20828  
#761562

Delete:

Title: D  
Name: Sayers, Frank  
Street Add: 6872 Timber Pines Blvd  
City-ST-Zip: Spring Hill, FL 34606

Addition

Title: D  
Name: Salm, Andrew  
Street Add: 6872 Timber Pines Blvd  
City-ST-Zip: Spring Hill, FL 34606