

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90127 048 ****61.25

DOCUMENT # 761562

1. Entity Name
TIMBER PINES COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**6872 TIMBER PINES BLVD.
C/O LYNN SETELIUS
SPRING HILL, FL 34606 US**

Mailing Address
**6872 TIMBER PINES BLVD.
%LYNN SETELIUS
SPRING HILL, FL 34606 US**

40123500



2. Principal Place of Business - No P.O. Box #
6872 Timber Pines Blvd

3. Mailing Address
6872 Timber Pines Blvd

07032007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
40 Joe Boldiga

Suite, Apt. #, etc.
40 Joe Boldiga

4. FEI Number
59-2155799

Applied For
Not Applicable

City & State
Spring Hill, FL

City & State
Spring Hill FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip
34606

Country
US

Zip
34606

Country
US

6. Name and Address of Current Registered Agent

**LYNN, SETELIUS
6872 TIMBER PINES BLVD
SPRING HILL, FL 34606**

7. Name and Address of New Registered Agent

Name
Joe Boldiga

Street Address (P.O. Box Number is Not Acceptable)
6872 Timber Pines Blvd

City
Spring Hill

FL

Zip Code
34606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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
**D
JEAN, LOMURRO
6872 TIMBER PINES BLVD
SPRING HILL, FL 34606** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KUNDRITH, ROSE MARIE
6872 TIMBER PINES BLVD.
SPRINGHILL, FL 34606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GAUTHIER, H. J.
6872 TIMBER PINES BLVD
SPRING HILL, FL 34606** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUESTIS, ALFRED
6872 TIMBER PINES BLVD
SPRINGHILL, FL 34606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SHARP, JOHN C
6872 TIMBER PINES BLVD
SPRING HILL, FL 34606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President (P) ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MUELLER, CURT
6872 TIMBER PINES BLVD
SPRING HILL, FL 34606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
director (D) ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/07

Daytime Phone #

352-666-8338

ATTACHMENT
40125303
#761562

Addition:

Title: T
Name: Wehrheim, Albert
Street Add: 6872 Timber Pines Blvd
City-ST-Zip: Spring Hill, FL 34606

Change

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