

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 26, 2007
Secretary of State

DOCUMENT# 761562

Entity Name: TIMBER PINES COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**6872 TIMBER PINES BLVD.
C/O JOE BOLDIGA
SPRING HILL, FL 34606 US**New Principal Place of Business:****Current Mailing Address:**6872 TIMBER PINES BLVD.
C/O JOE BOLDIGA
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:**BOLDIGA, JOE
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:** T () Delete
Name: WEHRHEIM, ALBERT
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRING HILL, FL 34606**Title:** S () Delete
Name: KUNDRITH, ROSE MARIE
Address: 6872 TIMBER PINES BLVD.
City-St-Zip: SPRINGHILL, FL 34606**Title:** V () Delete
Name: SALM, ANDREW
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRING HILL, FL 34606**Title:** D () Delete
Name: HUESTIS, ALFRED
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRINGHILL, FL 34606**Title:** P () Delete
Name: SHARP, JOHN C
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRING HILL, FL 34606**Title:** D () Delete
Name: MUELLER, CURT
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRING HILL, FL 34606**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** EVP (X) Change () Addition
Name: BOLDIGA, JOSEPH
Address: 6872 TIMBER PINES BLVD
City-St-Zip: SPRINGHILL, FL 34606**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH BOLDIGA

EVP

07/26/2007

Electronic Signature of Signing Officer or Director

Date