2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 764100

Entity Name: TIMBER LAKE HOMEOWNER'S ASSOCIATION, INC., OF TALLAHASSEE

Current Principal Place of Business:

1524 CINNAMON BEAR CIRCLE
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

1524 CINNAMON BEAR CIRCLE
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 59-2896865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, PATRICIA M
1524 CINNAMON BEAR CIRCLE
TALLAHASSEE, FL 32311 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: P ( ) Delete
Name: BELL, GERALD F
Address: 4141 SUGAR BEAR DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP ( ) Delete
Name: MITCHELL, HULON A
Address: 4188 RED OAK DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP ( ) Delete
Name: TIDWELL, CLAY A
Address: 1577 CINNAMON BEAR CIR
City-St-Zip: TALLAHASSEE, FL 32311

Title: TD ( ) Delete
Name: KELLY, PATRICIA M
Address: 1524 CINNAMON BEAR CIR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: S ( ) Delete
Name: BARKER, MARY
Address: 1561 CINNAMON BEAR CIR
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HIXSON, DANIEL S
Address: 1492 BENT WILLOW DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: RICHMOND, JO ANNE
Address: 4122 SUGAR BEAR DR
City-St-Zip: TALLAHASSEE, FL 32311

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: PATRICIA M. KELLY T 03/26/2009

Electronic Signature of Signing Officer or Director — Date