

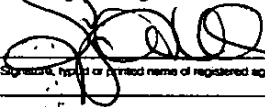
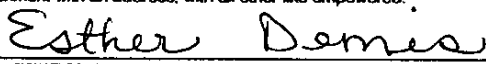


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90172 035 ****61.25

DOCUMENT # 770608 1. Entity Name TIMBERWAY PHASE II COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 4400 NW 36TH AVENUE GAINESVILLE, FL 32606 US				Mailing Address 4400 NW 36TH AVENUE GAINESVILLE, FL 32606 US	
2. Principal Place of Business 901 NW 8th Avenue Suite, Apt. #, etc. Suite C-5		3. Mailing Address 901 NW 8th Avenue Suite, Apt. #, etc. Suite C-5			
City & State Gainesville, FL Zip 32601		City & State Gainesville, FL Zip 32601		4. FEI Number 59-2352405	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TRIPPE, PAT 4400 NW 36TH AVENUE GAINESVILLE, FL, FL 32606			7. Name and Address of New Registered Agent Name Sally Ann Wilson Street Address (P.O. Box Number is Not Acceptable) 901 NW 8th Avenue Suite C-5 City Gainesville FL Zip Code 32601		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-28-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S WEAVER, CINDI 5431 NW 33 PLACE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MANAGER, SHARON 3324 NW 54 TERRACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GALAMBOS, SHARON 3415 NW 54TH TERR GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STEPHENSON, WILLIAM 3337 NW 53RD TERRACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GUINN, DIXIE 3327 NW 54 TERRACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MENEDEZ, MARIA 5302 NW 34TH PL GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4-28-05	
				Daytime Phone # 352-333-7252	