04/13/2006 09:40 3523721826 WATSON & WAT

Apr 12 06 05:43p PATRICIA WILSONS 3

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90403 001 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

50012400

DOCUMENT # 770608

1. Entity Name
TIMBERWAY PHASE II COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
901 NW 8TH AVE SUITE C-5 GAINESVILLE, FL 32601 US	901 NW 8TH AVE SUITE C-5 GAINESVILLE, FL 32601 US

2. Principal Place of Business	3. Mailing Address
4131 NW 13th Street	4131 NW 13th Street
Suite, Apt. #, etc. Suite 207	Suite, Apt. #, etc. Suite 207
City & State Gainesville, FL	City & State Gainesville, FL
Zip: 32609 Country: USA	Zip: 32609 Country: USA

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number: 59-2352405 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, SALLY ANN
901 NW 8TH AVE SUITE C-5
GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name: Wilson, Sally Ann
Street Address (P.O. Box Number is Not Acceptable): 4131 NW 13th Street
Suite 207
City: Gainesville, FL Zip Code: 32609

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] 4-12-06
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when indicated — DATE

Filing Fee is $61.25
Due by May 1, 2006

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	P MANAGER, SHARON 3324 NW 54 TERRACE GAINESVILLE, FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Esther Dennis 3340 NW 54th Terrace Gainesville, FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALAMBOS, SHARON 3415 NW 54TH TERR GAINESVILLE, FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP Pamela Williams 3333 NW 53rd Terrace Gainesville, FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O STEPHENSON, WILLIAM 3337 NW 53RD TERRACE GAINESVILLE, FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ST William E. Browning 3334 NW 53rd Terrace Gainesville, FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINN, DIXIE 3327 NW 54 TERRACE GAINESVILLE, FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Susan Pritchett 5409 NW 33rd Place Gainesville, FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ann Ebel 5317 NW 33rd Place Gainesville, FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Esther Dennis 4-12-06 352-339-5510
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #