
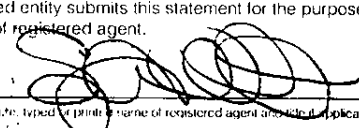
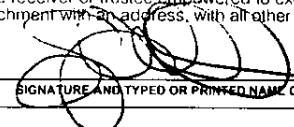


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90011 048 ****61.25

DOCUMENT # 770608 1. Entity Name TIMBERWAY PHASE II COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 4131 NW 13TH ST STE 207 GAINESVILLE, FL 32609 US			Mailing Address 4131 NW 13TH ST STE 207 GAINESVILLE, FL 32609 US		
2. Principal Place of Business - No P.O. Box # 901 NW 8th Ave		3. Mailing Address 901 NW 8th Ave.			
Suite, Apt. #, etc. Suite A-6		Suite, Apt. #, etc. Suite A-6			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 59-2352405	
Zip 32601		Country Alachua		Applied For <input type="checkbox"/> Not Applicable	
Zip 32601		Country Alachua		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, SALLY ANN 4131 NW 13TH ST STE 207 GAINESVILLE, FL 32609				7. Name and Address of New Registered Agent Name Sun Lu Properties, Inc. Street Address (P.O. Box Number is Not Acceptable) 901 NW 8th Ave. Suite A-6 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:  DATE: 3-16-07 <small>Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P DENNIS, ESTHER 3340 NW 54TH TERR GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Christy McCrumber 5341 NW 33rd Place Gainesville, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAMS, PAMELA 3333 NW 53RD TERR GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST John Schnedl 3307 NW 53rd Terr Gainesville, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BROWNING, WILLIAM E 3334 NW 53RD TERR GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Browning 3334 NW 53rd Terr Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITCHETT, SUSAN 5409 NW 33RD PL GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Ann Ebel 5317 NW 33rd Place Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBEL, ANN 5317 NW 33RD PL GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Ann Ebel 5317 NW 33rd Place Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITCHETT, SUSAN 5409 NW 33RD PL GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Ann Ebel 5317 NW 33rd Place Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 3-16-07 DAYLINE: 352-373-0874 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					