

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90030 029 ****70.00

DOCUMENT # 770608 1. Entity Name TIMBERWAY PHASE II COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 901 NW 8TH AVE. SUITE A-6 GAINESVILLE, FL 32601 US			Mailing Address 901 NW 8TH AVE. SUITE A-6 GAINESVILLE, FL 32601 US		
2. Principal Place of Business - No P.O. Box # 4131 NW 28th Lane		3. Mailing Address P.O. Box 357987			
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. 			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 59-2352405	
Zip 32606		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUN LU PROPERTIES, INC. 901 NW 8TH AVE. STE A-6 GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Esther Dennis Street Address (P.O. Box Number is Not Acceptable) 4131 NW 28th Lane, Suite 2 City Gainesville FL Zip Code 32606			
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 <u><i>Esther Dennis</i></u> 1-3-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D Baltzley, Suzanne 5405 NW 33rd Place Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCRUMBER, CHRISTY 5341 NW 33RD PLACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zimpfer, Paul 3413 NW 53rd Terrace Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNING, WILLIAM E 3334 NW 53RD 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	ST SCHNEDL, JOHN 3307 NW 53RD 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	DVP EBEL, ANN 5317 NW 33RD PL 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	<input type="checkbox"/> Delete				
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: <u><i>Esther Dennis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-3-08 352-372-8401 <small>Date Daytime Phone #</small>		