

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90089 017 \*\*\*\*61.25

<b>DOCUMENT # N00000003508</b>			
<b>1. Entity Name</b> TImBER CREST ACRES OWNER'S ASSOCIATION, INC.			
<b>Principal Place of Business</b> 7306 TIMBER CREST LANE ZEPHYRHILLS, FL 33540		<b>Mailing Address</b> 7306 TIMBER CREST LN ZEPHYRHILLS, FL 33540	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 2137 Suite, Apt. #, etc.	
<b>City &amp; State</b> City: ZEPHYRHILLS FL		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 33539-2137		<b>Country</b> USA	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SEELBACH, RICHARD 7306 TIMBER CREST LN ZEPHYRHILLS, FL 33540		<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD <b>NAME</b> SEELBACH, RICARRD <b>STREET ADDRESS</b> 7306 TIMBER CREST LN <b>CITY-ST-ZIP</b> ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete	<b>TITLE</b> TRUSTEE <b>NAME</b> TERRI HENNING <b>STREET ADDRESS</b> 7405 TIMBERCREST LN <b>CITY-ST-ZIP</b> ZEPHYRHILLS FL 33540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <del>STD</del> <b>NAME</b> <del>CROSS, ERIKA</del> <b>STREET ADDRESS</b> <del>7340 TIMBER CREST LN</del> <b>CITY-ST-ZIP</b> <del>ZEPHYRHILLS, FL 33540</del>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <del>VP</del> <b>NAME</b> <del>KEPINSKI, JOCELYN</del> <b>STREET ADDRESS</b> <del>7250 TIMBER CREST LN</del> <b>CITY-ST-ZIP</b> <del>ZEPHYRHILLS, FL 33540</del>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <del>VP</del> <b>NAME</b> <del>JUDY ANN VISSER</del> <b>STREET ADDRESS</b> <del>7151 TIMBER CREST LANE</del> <b>CITY-ST-ZIP</b> <del>ZEPHYRHILLS FL 33540</del>	<input type="checkbox"/> Delete	<b>TITLE</b> <del>VP</del> <b>NAME</b> <del>JUDY ANN VISSER</del> <b>STREET ADDRESS</b> <del>7151 TIMBER CREST LANE</del> <b>CITY-ST-ZIP</b> <del>ZEPHYRHILLS FL 33540</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <del>SEC</del> <b>NAME</b> <del>SANDRA L NOBLE</del> <b>STREET ADDRESS</b> <del>37012 TOWNSEND RD</del> <b>CITY-ST-ZIP</b> <del>DADE CITY FL 33525</del>	<input type="checkbox"/> Delete	<b>TITLE</b> <del>SEC</del> <b>NAME</b> <del>SANDRA L NOBLE</del> <b>STREET ADDRESS</b> <del>37012 TOWNSEND Rd</del> <b>CITY-ST-ZIP</b> <del>DADE CITY FL 33525</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <del>TREASURER</del> <b>NAME</b> <del>CONNIE D TORRES</del> <b>STREET ADDRESS</b> <del>7337 TIMBER CREST LN</del> <b>CITY-ST-ZIP</b> <del>ZEPHYRHILLS FL 33540</del>	<input type="checkbox"/> Delete	<b>TITLE</b> <del>TREASURER</del> <b>NAME</b> <del>CONNIE D. TORRES</del> <b>STREET ADDRESS</b> <del>7337 TIMBER CREST LANE</del> <b>CITY-ST-ZIP</b> <del>ZEPHYRHILLS FL 33540</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>Sandra L. Noble</u>		4/19/04 352-521-3762	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	