

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90121 033 \*\*\*\*61.25

**DOCUMENT # N00000003508**

1. Entity Name  
**TIMBER CREST ACRES OWNER'S ASSOCIATION, INC.**



Principal Place of Business  
P.O. BOX 2137  
ZEPHYRHILLS, FL 33539

Mailing Address  
P.O. BOX 2137  
ZEPHYRHILLS, FL 33539

400000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARLAND, CAROLYN**  
**7316 TIMBER CREST LANE**  
**ZEPHYRHILLS, FL 33540**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PD  
NAME GARLAND, CAROLYN  
STREET ADDRESS 7316 TIMBER CREST LANE  
CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME JENSON, JANET E.  
STREET ADDRESS 7231 TIMBER CREST LANE  
CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME VISSER, JUDY A  
STREET ADDRESS 7151 TIMBER CREST LANE  
CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME NOBLE, SANDRA L  
STREET ADDRESS 39012 TOWNSEND RD  
CITY-ST-ZIP DADE CITY, FL 33525 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME TORRES, CONNIE D  
STREET ADDRESS 7337 TIMBERCREST LANE  
CITY-ST-ZIP ZEPHYRHILLS, FL 33540 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 life empowered.

**SIGNATURE:**

*Caroline Garland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-06 813-715-9649

Date

Daytime Phone #