2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State
05-04-2007 90068 040 ****61.25

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

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

04182007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARLAND, CAROLYN
7316 TIMBER CREST LANE
ZEPHYRHILLS, FL 33540

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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: Carolyn Garland (President) Carolyn Garland president 4-21-07
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARLAND, CAROLYN
STREET ADDRESS	7316 TIMBER CREST LANE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	T
NAME	JENSON, JANET E. correct spelling is: Evenson, Janet
STREET ADDRESS	7231 TIMBER CREST LANE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	VPS
NAME	MCINER, SUSAN
STREET ADDRESS	7306 TIMBER CREST LN
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	T
NAME	TORRES, CONNIE D
STREET ADDRESS	7337 TIMBERCREST LANE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carolyn Garland 4-21-07 813-715-9649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #