

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003508

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 2137
ZEPHYRHILLS, FL 33539

New Principal Place of Business:

7316 TIMBER CREST LANE
ZEPHYRHILLS, FL 33540

Current Mailing Address:

P.O. BOX 2137
ZEPHYRHILLS, FL 33539

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARLAND, CAROLYN
Address: 7316 TIMBER CREST LANE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: T () Delete
Name: EVONSON, JANET
Address: 7231 TIMBER CREST LANE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: T () Delete
Name: TORRES, CONNIE D
Address: 7337 TIMBERCREST LANE
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: EVERSON, JANET
Address: 7231 TIMBER CREST LANE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE TORRES

TRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date