

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003508

FILED  
Apr 26, 2010  
Secretary of State

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

**Current Principal Place of Business:**

7316 TIMBER CREST LANE  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

7337 TIMBER CREST LANE  
ZEPHYRHILLS, FL 33540

**Current Mailing Address:**

P.O. BOX 2137  
ZEPHYRHILLS, FL 33539

**New Mailing Address:**

P.O. BOX 2137  
ZEPHYRHILLS, FL 33542

**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:**

BOYETTE, LONNIE  
7209 TIMBER CREST LANE  
ZEPHYRHILLS, FL 33540 US

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: LONNIE BOYETTE

04/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOYETTE, LONNIE  
Address: 7209 TIMBER CREST LANE  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: S  
Name: KEPINSKI, JOCELYN  
Address: 7250 TIMBER CREST LANE  
City-St-Zip: ZEPHYRHILLS, FL 33540

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

I hereby 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 all other like empowered.

SIGNATURE: LONNIE BOYETTE

PD

04/26/2010

Electronic Signature of Signing Officer or Director

Date