

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003029

FILED
Mar 16, 2009
Secretary of State

Entity Name: TIMBER RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

27180 BAY LANDING DR
STE. 4
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

27180 BAY LANDING DR
STE. 4
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 04-3603360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERLING PROPERTY SERVICES
27180 BAY LANDING DR., STE. 4
BONITA SPRINGS, FL 34135 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: P () Delete
Name: EISNER, GERALD
Address: 11707 GREY TIMBER LANE
City-St-Zip: FORT MYERS, FL 33913

Title: VPD () Delete
Name: GERDT, TONYA
Address: 11795 PINE TIMBER LANE
City-St-Zip: FORT MYERS, FL 33913

Title: ST () Delete
Name: YENISH, PATTI
Address: 12054 LEDGEWOOD CIRCLE
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: EISNER, GERALD
Address: 11707 GREY TIMBER LANE
City-St-Zip: FORT MYERS, FL 33913

Title: DVP (X) Change () Addition
Name: GERDT, TONYA
Address: 11795 PINE TIMBER LANE
City-St-Zip: FORT MYERS, FL 33913

Title: DST (X) Change () Addition
Name: YENISH, PATTI
Address: 12054 LEDGEWOOD CIRCLE
City-St-Zip: FORT MYERS, FL 33913

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: GERALD EISNER

DP

03/16/2009

Electronic Signature of Signing Officer or Director

Date