

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90052 015 ****61.25

DOCUMENT # N01000005404																																																																																																																																																											
1. Entity Name TIMBERLANE HOMEOWNERS ASSOCIATION OF MACCLENNEY, INC.																																																																																																																																																											
Principal Place of Business 5985 S. RIVER CIR. MACCLENNEY, FL 32063			Mailing Address PO BOX 356 MACCLENNEY, FL 32063																																																																																																																																																								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																																								
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6. Name and Address of Current Registered Agent RHODEN, HUGH B 1287 COPPER CREEK DR. PO BOX 356 MACCLENNEY, FL 32063-0356				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ DATE _____ <small>(Signature, Title and printed name of registered agent and principal address. (NOTE: Registered Agent Signature required when registering.)</small>																																																																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																							
Make check payable to Florida Department of State																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">P</td> <td style="width: 20%; padding: 5px;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">P</td> <td style="width: 20%; padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">RHODEN, HUGH B</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">Rhoden, Hugh B</td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1287 COPPER CREEK DR.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1298 Copper Creek Drive</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">MACCLENNEY, FL 32063</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">Macclennay, Florida 32063</td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">STD</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">CRAWFORD, CLUADETTE</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">5885 S. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 law; and that the information is true and accurate as of the date the information was changed, or on an attachment with an address, with a date the information was changed.																																																																																																																																																											
SIGNATURE: <i>Claudette Crawford</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>				6 January 2004 (904) 259-2176 <small>Date Secretary of State</small>																																																																																																																																																							