2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90039 042 ****61.25

DOCUMENT # N01000005404

1. Entity Name
TIMBERLANE HOMEOWNERS ASSOCIATION OF MACCLENNY, INC.

40017255

Principal Place of Business	Mailing Address
5985 S. RIVER CIR. MACCLENNY, FL 32063	PO BOX 356 MACCLENNY, FL 32063

01132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3757888 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RHODEN, HUGH B 1287 COPPER CREEK DR. PO BOX 356 MACCLENNY, FL 32063-0356	Name H. Bentley Rhoden Street Address (P.O. Box Number is Not Acceptable) 1324 Copper Oaks Court P.O. Box 356 City Macclenny FL Zip Code 32063

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 _____ 14 Jan 05
Signature, type or print name of registered agent and title, if applicable. (NOTE: Registered agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RHODEN, HUGH B 1298 COPPER CREEK DRIVE MACCLENNY, FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P H. Bentley Rhoden 1324 Copper Oaks Court Macclenny, FL 32063 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CRAWFORD, CLUADETTE 5885 S. RIVER CIR. MACCLENNY, FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, CLARENCE R 486 TIMBERLANE DRIVE MACCLENNY, FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RHODEN, HUGH B 1287 COPPER CREEK DR. MACCLENNY, FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D H. Bentley Rhoden 1324 Copper Oaks Court Macclenny, FL 32063 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: _____ 14 Jan 05 (904) 259-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

H. Bentley Rhoden, Pres.