

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90052 042 \*\*\*\*61.25

**DOCUMENT # N01000005404**

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



Principal Place of Business  
5985 S. RIVER CIR.  
MACCLENNY, FL 32063

Mailing Address  
PO BOX 356  
MACCLENNY, FL 32063

40001483



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-3757888

Applied For  
Not Applicable

Zip

Country

Zip

Country

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, H BENTLEY  
1324 COPPER OAKS COURT  
PO BOX 356  
MACCLENNY, FL 32063-0356

Name Rhoden, Hugh Bentley

Street Address (P.O. Box Number is Not Acceptable)

6362 Laurel 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 *Hugh Bentley Rhoden*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

08 Jan 07

Filing Fee is \$61.25  
Due by May 1, 2007

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 STD  
NAME CRAWFORD, CLAUDETTE ☐ Delete  
STREET ADDRESS P.O. BOX 356  
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE P Rhoden, Hugh Bentley ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 6362 Laurel Court  
CITY-ST-ZIP Macclenny, FL 32063

TITLE STD  
NAME CRAWFORD, CLAUDETTE ☐ Delete  
STREET ADDRESS 5885 S. RIVER CIR.  
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE STD ☒ Change ☐ Addition  
NAME Crawford, Claudette  
STREET ADDRESS 5885 South River Circle  
CITY-ST-ZIP Macclenny, FL 32063

TITLE D  
NAME LEE, CLARENCE R ☐ Delete  
STREET ADDRESS 486 TIMBERLANE DRIVE  
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Claudette Crawford* Secretary 8 Jan 07 904-259-63

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #