

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 29, 2007
Secretary of State

DOCUMENT# N01000005404

Entity Name: TIMBERLANE HOMEOWNERS ASSOCIATION OF MACCLENNY, INC.**Current Principal Place of Business:**5985 S. RIVER CIR.
MACCLENNY, FL 32063**New Principal Place of Business:**569 TIMBERLANE DRIVE
MACCLENNY, FL 32063**Current Mailing Address:**PO BOX 356
MACCLENNY, FL 32063**New Mailing Address:**569 TIMBERLANE DRIVE
MACCLENNY, FL 32063**FEI Number:** 59-3757888**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RHODEN, HUGH BENTLEY
6362 LAUREL COURT
PO BOX 356
MACCLENNY, FL 320630356 US**Name and Address of New Registered Agent:**VOLPE, TIMOTHY W
1301 RIVERPLACE BOULEVARD
SUITE 1700
JACKSONVILLE, FL 32207 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: TIMOTHY W. VOLPE

03/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: CRAWFORD, CLAUDETTE
Address: P.O. BOX 356
City-St-Zip: MACCLENNY, FL 32063

Title: STD () Delete
Name: CRAWFORD, CLAUDETTE
Address: 5985 SOUTH RIVER CIRCLE
City-St-Zip: MACCLENNY, FL 32063

Title: D () Delete
Name: LEE, CLARENCE R
Address: 486 TIMBERLANE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: P () Delete
Name: RHODEN, HUGH BENTLEY
Address: 6362 LAUREL COURT
City-St-Zip: MACCLENNY, FL 32063

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRUCE, MIKE
Address: 578 TIMBERLANE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Change () Addition
Name: HARVIN, JERRY
Address: 575 TIMBERLANE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Change () Addition
Name: KITTRELL, JESSICA
Address: 574 PINE CREST COURT
City-St-Zip: MACCLENNY, FL 32063

Title: P (X) Change () Addition
Name: CALLAHAN, TROY
Address: 510 TIMBERLANE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: S () Change (X) Addition
Name: OLIVER, RICHENE
Address: 569 TIMBERLANE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: T () Change (X) Addition
Name: GRIFFIS, LANCE
Address: 567 TIMBERLANE DRIVE
City-St-Zip: MACCLENNY, FL 32063

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHENE OLIVER

S

03/29/2007

Electronic Signature of Signing Officer or Director

Date