
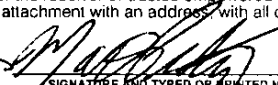
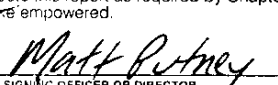


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90075 048 ****61.25

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # N01000005404 1. Entity Name TIMBERLANE HOMEOWNERS ASSOCIATION OF MACCLENNEY, INC. | |  | |
| Principal Place of Business 569 TIMBERLANE DRIVE MACCLENNEY, FL 32063 | | Mailing Address 569 TIMBERLANE DRIVE MACCLENNEY, FL 32063 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 1591 Suite, Apt. #, etc. | |
| City & State Zip | | City & State MACCLENNEY, FL Zip 32063 | |
| Country USA | | 4. FEI Number 59-3757888 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent VOLPE, TIMOTHY W ESQ. 501 RIVERSIDE AVE., 7TH FLOOR JACKSONVILLE, FL 32202 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D BRUCE, MIKE <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | 578 TIMBERLANE DRIVE | NAME | |
| STREET ADDRESS | MACCLENNEY, FL 32063 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D HARVIN, JERRY <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | 575 TIMBERLANE DRIVE | NAME | |
| STREET ADDRESS | MACCLENNEY, FL 32063 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D KITTRELL, JESSICA <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | 574 PINE CREST COURT | NAME | |
| STREET ADDRESS | MACCLENNEY, FL 32063 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | P CALLAHAN, TROY <input checked="" type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| NAME | 510 TIMBERLANE DRIVE | NAME | P/D |
| STREET ADDRESS | MACCLENNEY, FL 32063 | STREET ADDRESS | MATT POTNEY |
| CITY-ST-ZIP | | CITY-ST-ZIP | 571 PINE CREST COURT |
| TITLE | S OLIVER, RICHENE <input type="checkbox"/> Delete | TITLE | MACCLENNEY, FL 32063 |
| NAME | 569 TIMBERLANE DRIVE | NAME | |
| STREET ADDRESS | MACCLENNEY, FL 32063 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | T GRIFFIS, LANCE <input type="checkbox"/> Delete | TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | 567 TIMBERLANE DRIVE | NAME | T/D |
| STREET ADDRESS | MACCLENNEY, FL 32063 | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:  | | SIGNATURE:  | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 1-7-2008 | |
| Daytime Phone # 904-259-7039 | | Daytime Phone # | |

ADDITION

45002277

ATTACHMENT

TITLE - S

NO100005404

NAME - DENNIS G. COLLINS

STREET ADDRESS - 512 SOUTH BLVD EAST

CITY-ST-ZIP - MACLENNY, FL 32063