2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2010
Secretary of State

DOCUMENT# N01000005404

Entity Name: TIMBERLANE HOMEOWNERS ASSOCIATION OF MACCLENNY, INC.

Current Principal Place of Business:

567 TIMBERLANE DRIVE
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

PO BOX 1591
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 59-3757888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIS, LANCE
567 TIMBERLANE DR
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GRIFFIS, LANCE
Address: 567 TIMBERLANE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: TD
Name: CURTIS, PEGGY
Address: 560 TIMBERLANE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: SD
Name: ARWINE, DAVINA
Address: 573 TIMBERLANE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: D
Name: SCOTT, MARY
Address: 562 TIMBERLANE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: D
Name: WYLAND, MIKE
Address: 563 TIMBERLANE DRIVE
City-St-Zip: MACCLENNY, FL 32063

Title: D
Name: JONES, JUSTIN
Address: 564 TIMBERLANE DRIVE
City-St-Zip: MACCLENNY, FL 32063

I hereby 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 all other like empowered.

SIGNATURE: LANCE GRIFFIS PD 09/02/2010

Electronic Signature of Signing Officer or Director — Date