

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005404

FILED  
May 21, 2011  
Secretary of State

**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

P

05/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date