

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000264

FILED
Mar 09, 2005
Secretary of State

Entity Name: TIMBERCREST RESIDENCE, INC.

Current Principal Place of Business:

FOREST EDGE DR.
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

PO BOX 6348
DELTONA, FL 327286348

New Mailing Address:

FEI Number: 26-0030040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 321152491 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: D () Delete
Name: KNOTT, BRENDA
Address: PO BOX 6348
City-St-Zip: DELTONA, FL 327286348

Title: D () Delete
Name: GENOVESI, PETER
Address: PO BOX 6348
City-St-Zip: DELTONA, FL 327286348

Title: D () Delete
Name: ALLEN, PAUL
Address: PO BOX 6348
City-St-Zip: DELTONA, FL 327286348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: KNOTT, BRENDA
Address: PO BOX 6348
City-St-Zip: DELTONA, FL 327286348

Title: D/T (X) Change () Addition
Name: GENOVESI, PETER
Address: PO BOX 6348
City-St-Zip: DELTONA, FL 327286348

Title: D/S (X) Change () Addition
Name: ALLEN, PAUL
Address: PO BOX 6348
City-St-Zip: DELTONA, FL 327286348

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRENDA L. KNOTT

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03/09/2005

Electronic Signature of Signing Officer or Director

_____ Date