

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 06, 2006**  
**Secretary of State**

DOCUMENT# N03000004015

**Entity Name:** TIMBERCREEK PINES HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**P O BOX 194  
PLYMOUTH, FL 32768**New Principal Place of Business:**225 S. WESTMONTE DRIVE  
#3310  
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**C/O FRENCH PROFESSIONAL MANGEMENT, ICN  
PO BOX 194  
PLYMOUTH, FL 32768**New Mailing Address:**P.O. BOX 162147  
ALTAMONTE SPRINGS, FL 32716**FEI Number:** 56-2400423**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PRATT, JAMES R  
369 N. NEW YORK AVENUE  
THIRD FLOOR  
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**WOMACK, ELLEN R  
225 S. WESTMONTE DRIVE  
#3310  
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R. WOMACK

04/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIMMONS, DAN  
Address: 32 TIMBER CREEK PINES  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD ( ) Delete  
Name: GIBSON, ERIN  
Address: 159 TIMBERCREEK PINES CIR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: ST ( ) Delete  
Name: TEGG, DESIREA  
Address: 214 TIMBERCREEK PINES CIR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: T ( ) Delete  
Name: MARKHAM, ROBERT  
Address: 128 TIMBERCREEK PINES CIR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: COLES, BONNIE E  
Address: P O BOX 194  
City-St-Zip: PLYMOUTH, FL 32768

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELLEN R. WOMACK

A

04/06/2006

Electronic Signature of Signing Officer or Director

Date