2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000004015

RT FILED Apr 06, 2006 Secretary of State

Entity Name: TIMBERCREEK PINES HOMEOWNER'S ASSOCIATION INC

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:		
P O BOX 194 PLYMOUTH, FL 32768		225 S. WESTMON	ITE DRIVE		
		#3310	#3310 ALTAMONTE SPRINGS, FL 32714		
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Current Mailing Address:		New Mailing Add	New Mailing Address:		
PO BOX 1		SIONAL MANGEMENT, ICN	P.O. BOX 162147 ALTAMONTE SPF	RINGS, FL 32716	
FEI Number	r: 56-2400423	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
PRATT, JAMES R 369 N. NEW YORK AVENUE THIRD FLOOR		225 S. WESTMON	WOMACK, ELLEN R 225 S. WESTMONTE DRIVE #3310		
MINTER PARK, FL 32789 US			ALTAMONTE SPRINGS, FL 32714 US		
	e named entity s e of Florida.	submits this statement for the	purpose of changing its regis	tered office or registered agent, or bot	
SIGNATURE: ELLEN R. WOMACK					
SIGNATU				04/06/2006	
SIGNATU		. WOMACK iic Signature of Registered Ag	ent	04/06/2006 Date	
		ic Signature of Registered Ag		Date	
OFFICER Title:	Electron S AND DIREC PD ()	ic Signature of Registered Ag TORS: ^{Delete}	ADDITIONS/CHA	Date	
OFFICER Title: Name:	Electron S AND DIREC PD () SIMMONS, DAN	ic Signature of Registered Ag TORS: ^{Delete}	ADDITIONS/CHA Title: Name:	Date NGES TO OFFICERS AND DIRECT	
OFFICER	Electron S AND DIREC PD () SIMMONS, DAN 32 TIMBER CR	ic Signature of Registered Ag TORS: Delete I EEK PINES	ADDITIONS/CHA	Date NGES TO OFFICERS AND DIRECTO	
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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