2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# N03000004015

Entity Name: TIMBERCREEK PINES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
#3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 56-2400423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
#3310
ALTAMONTE SPRINGS, FL 32714 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	( ) 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	(X) 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:	S	(X) Change ( ) Addition
Name:	TEGG, DESIREA	
Address:	214 TIMBERCREEK PINES CIR	
City-St-Zip:	WINTER GARDEN, FL 34787	
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 04/18/2006

Electronic Signature of Signing Officer or Director — Date