2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# N04000002797

Entity Name: THE HOMEOWNERS' ASSOCIATION OF TIMBERCREEK, INC.

Current Principal Place of Business:

11555 CENTRAL PARKWAY SUITE 1103
JACKSONVILLE, FL 32224

New Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 1103
JACKSONVILLE, FL 32224

Current Mailing Address:

11555 CENTRAL PARKWAY SUITE 1103
JACKSONVILLE, FL 32224

New Mailing Address:

11555 CENTRAL PARKWAY
SUITE 1103
JACKSONVILLE, FL 32224

FEI Number: 20-0960121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIRST COAST ASSOCIATION MANAGMENT, LLC
11555 CENTRAL PARKWAY
SUITE 1103
JACKSONVILLE, FL 32224 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: DP ( ) Delete
Name: SHEA, TIMOTHY
Address: 2257 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32241

Title: DS ( ) Delete
Name: HARDIN, JENNIFER L
Address: 4315 PABLO OAKS COURT SUITE 1
City-St-Zip: JACKSONVILLE, FL 32224

Title: DVT ( ) Delete
Name: FREDENHAGEN, SHARON W
Address: 4315 PABLO OAKS COURT SUITE 1
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SHEA, TIM
Address: 2251 ST. JOHN'S BLUFF ROAD, SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP (X) Change ( ) Addition
Name: SHEA, CLINT
Address: 2251 ST. JOHN'S BLUFF ROAD, SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: S/T (X) Change ( ) Addition
Name: BRARREN, MIKE
Address: 2251 ST. JOHN'S BLUFF ROAD, SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

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: MARGARET STOREY CFO 02/05/2007

Electronic Signature of Signing Officer or Director — Date