

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005112

FILED
Apr 29, 2009
Secretary of State

Entity Name: TIMBER OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 STATE ROAD 200
YULEE, FL 32097

New Principal Place of Business:

1712 KINGSLEY AV
STE 2
ORANGE PARK, FL 32073

Current Mailing Address:

P.O. BOX 1987
YULEE, FL 320411987

New Mailing Address:

P.O. BOX 65908
ORANGE PARK, FL 32065

FEI Number: 57-1206233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SYSTEMS, INC.
463499 STATE ROAD 200
YULEE, FL 32097 US

Name and Address of New Registered Agent:

COMPLETE ASSOCIATION MANAGEMENT INC
1712 KINGSLEY AV
STE 2
ORANGE PARK, FL 32073 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: KURT A ENSELL

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ATLEE, KENYON S
Address: 4501 BEVERLY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VSTD () Delete
Name: BRADFORD, ERIC N
Address: 4501 BEVERLY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: CRISP, DALE K
Address: 4501 BEVERLY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

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:

I hereby certify that the information supplied with this filing does not qualify 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: KENYON S ATLEE

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date