2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# N04000009970

Entity Name: TIMBER RIDGE CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

2020 W PENSACOLA ST
STE 27
TALLAHASSEE, FL 32301

New Principal Place of Business:

2020 W PENSACOLA ST
STE 27
TALLAHASSEE, FL 3230

Current Mailing Address:

2020 W PENSACOLA ST
STE 27
TALLAHASSEE, FL 32301

New Mailing Address:

2020 W PENSACOLA ST
STE 27
TALLAHASSEE, FL 32304

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PAGOZALSKI, MIKE
2020 W PENSACOLA ST
STE 27
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LEONI, STEVEN
2020 W PENSACOLA ST
STE 27
TALLAHASSEE, FL 32304 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: STEVEN LEONI 02/10/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PAGOZALSKI, MIKE
Address: 810 SAINT MICHAELS ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD ( ) Delete
Name: LEONI, STEVE
Address: 2020 W PENSACOLA ST - STE 27
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD ( ) Delete
Name: ROSEN, PETER
Address: 423 ALL SAINTS ST
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEONI, STEVEN
Address: 2020 W PENSACOLA STREET - STE 27
City-St-Zip: TALLAHASSEE, FL 32304

Title: VPD (X) Change ( ) Addition
Name: ROSEN, PETER
Address: 2020 W PENSACOLA ST - STE 27
City-St-Zip: TALLAHASSEE, FL 32304

Title: STD (X) Change ( ) Addition
Name: LEONI, STEVEN
Address: 2020 W PENSACOLA STREET - STE 27
City-St-Zip: TALLAHASSEE, FL 32304

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN LEONI PD 02/10/2005
Electronic Signature of Signing Officer or Director Date