2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000009970

1. Entity Name
TIMBER RIDGE CONDOMINIUMS ASSOCIATION, INC.

FILED
06 MAY 10 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~2020 W PENSACOLA ST~~ ~~STE 27~~ TALLAHASSEE, FL 3230	~~2020 W PENSACOLA ST~~ ~~STE 27~~ PO BOX 13089 TALLAHASSEE, FL 32317

01182006 No Chg-NP CR2E037 (11/05)

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4. FEI Number ~~NOT APPLICABLE~~ 51-0468816 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~LEONI, STEVEN~~
~~2020 W PENSACOLA ST~~
~~STE 27~~
~~TALLAHASSEE, FL 32304~~

Robert S. Rhinehart, CAM
644 Capital Circle NE
Tallahassee, FL
32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEONI, STEVEN
STREET ADDRESS	2020 W PENSACOLA STREET - STE 27
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	VPD
NAME	ROSEN, PETER
STREET ADDRESS	2020 W PENSACOLA ST - STE 27
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	STD
NAME	LEONI, STEVEN
STREET ADDRESS	2020 W PENSACOLA STREET - STE 27
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	President
NAME	Mike Wallace
STREET ADDRESS	1417 Pullen Rd # 303
CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	Vice Pres.
NAME	Brian Mills
STREET ADDRESS	10531 Blue Wing Ct
CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	Sec/Treas.
NAME	Gaela Youngblood
STREET ADDRESS	1417 Pullen Rd #202
CITY-ST-ZIP	Tallahassee, FL 32303

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05/25/06--01009--020 **61.25

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$35/17

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #