

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000358

FILED
Apr 29, 2007
Secretary of State

Entity Name: TIMBER ISLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVE.
ORLANDO, FL 328096711

New Principal Place of Business:

Current Mailing Address:

8009 S. ORANGE AVE.
ORLANDO, FL 328096711

New Mailing Address:

FEI Number: 84-1678311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 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: DANOS, DON MR.
Address: 215 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD () Delete
Name: SMALL, PETER N MR.
Address: 215 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD () Delete
Name: GARGASZ, NICK MR.
Address: 215 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARR, EDITH
Address: 838 TIMBER ISLE DR
City-St-Zip: ORLANDO, FL 32828

Title: VD (X) Change () Addition
Name: DAVIS, RONALD
Address: 16770 CEDAR RUN DR
City-St-Zip: ORLANDO, FL 32828

Title: STD (X) Change () Addition
Name: THOMAS, WILFRED J
Address: 839 TIMBER ISLE DR
City-St-Zip: ORLANDO, FL 32828

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: EDITH CARR

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date