

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000360

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: TIMBER POINTE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

8009 S. ORANGE AVE.  
ORLANDO, FL 328096711

## New Principal Place of Business:

5955 T.G. LEE BLVD.  
SUITE 300  
ORLANDO, FL 32822

## Current Mailing Address:

8009 S. ORANGE AVE.  
ORLANDO, FL 328096711

## New Mailing Address:

5955 T.G. LEE BLVD.  
SUITE 300  
ORLANDO, FL 32822

FEI Number: 84-1678312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LELAND MANAGEMENT  
8009 SOUTH ORANGE AVE  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

LELAND MANAGEMENT  
5955 T.G. BLVD.  
SUITE 300  
ORLANDO, FL 32822 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: REBECCA FURLOW

04/29/2008

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: LOIA, PATRICK  
Address: 16526 CEDAR CREST DR.  
City-St-Zip: ORLANDO, FL 32828

Title: VD (X) Change ( ) Addition  
Name: YARD, MICHELLE  
Address: PO BOX 1665  
City-St-Zip: ORLANDO, FL 32802

Title: STD (X) Change ( ) Addition  
Name: LE TRAN, VINH  
Address: 848 PARK GROVE COURT  
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: PATRICK LOIA

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date