

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 17, 2009
Secretary of State

DOCUMENT# N05000008120

Entity Name: TIMBERLANE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**301 N US HWY 27 SUITE G
CLERMONT, FL 34711**New Principal Place of Business:**12911 COLONNADE CIRCLE
CLERMONT, FL 34711**Current Mailing Address:**301 N US HWY 27 SUITE G
CLERMONT, FL 34711**New Mailing Address:**12911 COLONNADE CIRCLE
CLERMONT, FL 34711**FEI Number:** 65-1257332**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GAMMON, FRANK M JR
301 N US HWY 27 SUITE G
CLERMONT, FL 34711 US**Name and Address of New Registered Agent:**GERACI-CARVER, ANITA ESQ.
1560 BLOXAM AVENUE
CLERMONT, FL 34711 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: ANITA GERACI-CARVER

09/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GAMMON, FM JR
Address: 301 N US HWY 27 SUITE G
City-St-Zip: CLERMONT, FL 34711

Title: DV () Delete
Name: BEATY, F
Address: 301 N US HWY 27 SUITE G
City-St-Zip: CLERMONT, FL 34711

Title: DST () Delete
Name: NORTHCUTT, S
Address: 301 N US HWY 27 SUITE G
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SIMONTACCHI, BOB
Address: 12911 COLONNADE CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: DV (X) Change () Addition
Name: PICCONI, LARRY
Address: 11616 ARBOR GATE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: DS (X) Change () Addition
Name: DINSMORE, RON
Address: 12917 COLONNADE CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: DT () Change (X) Addition
Name: TELIGA, STEPHEN
Address: 11534 BRIAR HOLLOW LANE
City-St-Zip: CLERMONT, FL 34711

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: BOB SIMONTACCHI

DP

09/17/2009

Electronic Signature of Signing Officer or Director

Date