## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 17, 2007 8:00 am Secretary of State

DOCUMENT # N0500008692  1. Entity Name TIMBER TRACE PROPERTY OWNERS' ASSOCIATION, INC.				01-17-2007 90053 017 ****61.25			
Ruth K. Schmidt 175 Kiley Dr. Monticello, FL 32344  2. Principal Place of Business. No P.O. Box #  Mailing Address 16 EMA PRINCE ATTN: RUTH SCHMIDT MONTICELLO, FL 32344							
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		Suite, Apt. #, etc.		01082007 Cr	ng-NP	CR2E037 (12/06)	
City & State		· City & State	City & State		7	<del>                                     </del>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Str	atus Desired	S8.75 Add	ditional
	6. Name and Address of Current I	Registered Agent		7: Name and Add	ress of New Re		
		Name					
Ruth K. Schmidt			Street Address (P.O. Box Number is Not Acceptable)				
175 Kiley Dr.  Monticello, FL 32344							
			City	FL Zip Code			
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or registr	ered agent, or both, in	the State of Flori	da. I am familiar with,	and accept
trie obliga:	tions of registered agent.						
SIGNATURE							
0.0.0.	Classics based as existed some of conjugate of access	and Alle it and Karbia (NOTE E	Nation !-				
-	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating)		DATE	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	eaign Financing	\$5.00 May Be Added to Fees		DATE ke check payable t la Department of S	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/0

850.997.587