

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004605

FILED
Apr 08, 2009
Secretary of State

Entity Name: TIMACUAN PARK TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 327504977

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 197043
WINTER SPRINGS, FL 327197043

New Mailing Address:

FEI Number: 01-0880762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON, LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 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: DP () Delete
Name: BONTRAGER, THOMAS
Address: 2301 LUCIEN WAY, STE. 400
City-St-Zip: MAITLAND, FL 32751

Title: DVP () Delete
Name: SHEELER, LAWRENCE
Address: 2301 LUCIEN WAY, STE. 400
City-St-Zip: MAITLAND, FL 32751

Title: DST () Delete
Name: CHOMA, DEBRA
Address: 2301 LUCIEN WAY, STE. 400
City-St-Zip: MAITLAND, FL 32751

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GRASSING, BRYAN
Address: 628 PENSACOLA LANE
City-St-Zip: LAKE MARY, FL 32746

Title: DV (X) Change () Addition
Name: LIMBACHIA, PARI
Address: 664 PENSACOLA LANE
City-St-Zip: LAKE MARY, FL 32746

Title: DS (X) Change () Addition
Name: WRIGHT, NORA
Address: 615 PENSACOLA LANE
City-St-Zip: LAKE MARY, FL 32746

Title: DT () Change (X) Addition
Name: PORTER, ROBIN
Address: 668 PENSACOLA LANE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Change (X) Addition
Name: OSBORN, CARL
Address: 623 PENSACOLA LANE
City-St-Zip: LAKE MARY, FL 32746

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: BRYAN GRASSING

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date