

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000006163**

1. Entity Name  
**TIMBERS NORTH PROPERTY OWNERS' ASSOCIATION,  
INC.**



Principal Place of Business  
**300 S WASHINGTON AVE BOX 23  
FT MEADE, FL 33841**

Mailing Address  
**300 S WASHINGTON AVE BOX 23  
FT MEADE, FL 33841**



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3709643</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WRIGHT, ROGER N  
300 S WASHINGTON AVE BOX 23  
FT MEADE, FL 33841**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, ROGER N 300 S WASHINGTON AVE BOX 23 FT MEADE, FL 33841
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, JANET H 300 S WASHINGTON AVE BOX 23 FT MEADE, FL 33841
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AYERS, TERRY 300 S WASHINGTON AVE BOX 23 FT MEADE, FL 33841
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000804923  
02/05/08-80088-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

1/25/08

863-285-8151