

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005401

FILED
Apr 25, 2008
Secretary of State

Entity Name: TIMBERWOOD LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1100-4 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

2802 N. 5TH STREET
ST. AUGUSTINE, FL 32084

Current Mailing Address:

1100-4 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Mailing Address:

2802 N. 5TH STREET
ST. AUGUSTINE, FL 32084

FEI Number: 20-0264318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, JOHN
1100-4 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 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: D () Delete
Name: WOOD, JOHN
Address: 1100-4 PONCE DE LEON BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: LAURENCE, ROBERT J.L.
Address: 101 BILBAO DR.
City-St-Zip: ST. AUGUSTINE, FL 32806

Title: D () Delete
Name: LAURENCE, ROBERT J.F.
Address: 114 SOUTHWIND CIR.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: IGOU, STEPHANIE
Address: 40 ABBOTT ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: GRAUBARD, COLLEEN
Address: 33 WATER ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: CHAPMAN, CINDY
Address: 509 TURNBERRY LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOOD, JOHN
Address: 1100-4 PONCE DE LEON BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP (X) Change () Addition
Name: LAURENCE, ROBERT J.L.
Address: 101 BILBAO DR.
City-St-Zip: ST. AUGUSTINE, FL 32806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S,T (X) Change () Addition
Name: CHAPMAN, CINDY
Address: 158 LAKE ST
City-St-Zip: POMONA PARK, FL 32181

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: JOHN WOOD

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date