2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007
Secretary of State

DOCUMENT# N12915

Entity Name: TIMBERLINE VILLAGE II OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 65-0096587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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:	PD	( ) Delete
Name:	KENDRICK, ALICE	
Address:	218 SCOTT AVE	
City-St-Zip:	PIKEVILLE, KY 41501	
Title:	VPD	( ) Delete
Name:	OBERLIN, GERALDINE H	
Address:	13110-200 WHITE MARSH LN	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	SD	( ) Delete
Name:	PECK, ROY	
Address:	13130-106 WHITE MARSH LN	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	TD	( ) Delete
Name:	REAM, JAMES	
Address:	2250 CARNABY CT	
City-St-Zip:	LEHIGH ACRES, FL 33971	
Title:	D	( ) Delete
Name:	RAYMOND, RICHARD G	
Address:	6529 EDGEWATER DR	
City-St-Zip:	HONOR, MI 49640	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	TD	(X) Change ( ) Addition
Name:	BANKY, MARY	
Address:	511 BOLTON DR	
City-St-Zip:	LAFAYETTE, IN 47905	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: ALICE KENDRICK PD 03/30/2007

Electronic Signature of Signing Officer or Director — Date