2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N15607

Entity Name: TIMBERLINE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD. SUITE 110
LARGO, FL 33770 US

New Principal Place of Business:

C/O QUALIFIED PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD. SUITE 110
LARGO, FL 33770 US

Current Mailing Address:

C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD. SUITE 110
LARGO, FL 33770 US

New Mailing Address:

C/O QUALIFIED PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD. SUITE 110
LARGO, FL 33770 US

FEI Number: 59-2847376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD STE 110
LARGO, FL 33770 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US 19 N.
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

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: MARY A. WHITE 03/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: DOTY, ROGER
Address: 1940 ELAINE DR
City-St-Zip: CLEARWATER, FL 33760

Title: VD ( ) Delete
Name: HEIL, LISA
Address: 1944 ELAINE DR
City-St-Zip: CLEARWATER, FL 33760

Title: PD ( ) Delete
Name: WHEATLEY, DENISE
Address: 1900 ELAINE DR
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: WATERS, RENEE
Address: 1920 ELAINE DR
City-St-Zip: CLEARWATER, FL 33760

Title: PD (X) Change ( ) Addition
Name: HEIL, LISA
Address: 1944 ELAINE DR
City-St-Zip: CLEARWATER, FL 33760

Title: SD (X) Change ( ) Addition
Name: PANICCIA, EUGENE
Address: 1954 ELAINE DR
City-St-Zip: CLEARWATER, FL 33760

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: LISA HEIL PD 03/12/2009
Electronic Signature of Signing Officer or Director Date