2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19449

FILED Feb 19, 2009 Secretary of State

Entity Name: TIMBERLAKES HOMEOWNERS ASSOCIATION OF SARASOTA, INC.

Current Principal Place of Business: New Principal Place of Business:

2477 STICKNEY POINT RD., #118 2477 STICKNEY POINT RD., #118A

SARASOTA, FL 34231 SARASOTA, FL 34231

Current Mailing Address: New Mailing Address:

2477 STICKNEY POINT RD., #118 2477 STICKNEY POINT RD., #118A

SARASOTA, FL 34231 SARASOTA, FL 34231

FEI Number: 59-2867372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY POINT RD., #118 A SARASOTA, FL 34231

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GORSKI, NANCY TAYLOR, DAVID G Name: Name: 4464 TRAILS DR Address: 4548 TRAILS DRIVE Address:

City-St-Zip: SARASOTA, FL 34232 SARASOTA, FL 34232 City-St-Zip:

Title: SDTD () Delete Title: (X) Change () Addition KENT, ROD Name: BERIAULT, RICHARD Name:

Address: 4510 TRAILS DR Address: 4539 TRAILS DRIVE City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

Title: () Delete Title: (X) Change () Addition

DEERING, JAMES COHEN, DIANA Name: Name: 1599 SUWANNEE CT 1571 SUWANEE COURT Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

(X) Change () Addition Title: () Delete Title:

HAAG, JOHN B Name: PARENTI, KAREN Name: 4580 TRAILS DRIVE Address: 4463 TRAILS DR Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

Title: () Delete Title: () Change (X) Addition

BROWN, FRANK A Name: Name: 4567 TRAILS DRIVE Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34232

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: MAUREEN SCHOENING MGR 02/19/2009