

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90016 008 ****61.25

DOCUMENT # N21863

1. Entity Name
TIMBERLANE COMMONS OWNERS ASSOCIATION, INC.



Principal Place of Business
% FRANK J. MERCER, CPA
1292 TIMBERLANE ROAD
TALLAHASSEE, FL 32312 US

Mailing Address
% FRANK J. MERCER, CPA
1292 TIMBERLANE ROAD
TALLAHASSEE, FL 32312 US

60004869



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2958269

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCER, FRANK J
1292 TIMBERLANE RD
TALLAHASSEE, FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME MERCER, FRANK
STREET ADDRESS 1294 TIMBERLANE RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TD ☐ Delete
NAME MURRELL, ROB
STREET ADDRESS 1236 TIMBERLANE RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

P ☐ Delete
NAME SCHRADER, JOHN
STREET ADDRESS 1302 TIMBERLANE RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

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 #