## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N25183**

1. Entity Name
TIMACUAN COMMUNITY SERVICES ASSOCIATION, INC.



Principal Plac EPM SRVS 165 W SR 43 WINTER SPRI		Mailing Address EPM SRVS POB 197043 WINTER SPRINGS, FL 32	2708 US		4	010744	<b>ა</b>		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03	3292007	Chg-NP	CR2E	37 (12/06)	
City & State		City & State		4.	FEI Numbe 59-288			<u> </u>	pplied For
Zip	Country	Zip	Country	5.	Certificate	of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Curren	nt Registered Agent		7.	Name and	Address of New	Registered	<u></u>	
			Name				3		
PALMERS			Street A	ddress (P.O.	Box Numbe	er is Not Acceptal	nie)		
165 W SR 434 WINTER SPRINGS, FL 32708									
			City	· · · · · ·				Zip Cod	le .
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8. The above the obligat	e named entity submits this statement a tions of registered agent.	for the purpose of changing its r	registered office o	r registered a	gent, or bot	h, in the State of	Florida. I an	n familiar with,	and accept
ma obliga.									
SIGNATURE .									
	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE:	Registered Agent signs	ture required when	reinstation)		DATE		
	Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing	_ \$5.	.00 May B	e FI	Make che	ck payable t	
	_ ·	Trust Fund Co	paign Financing	□ \$5.	.00 May B	e FI	Make che orida Depa	rtment of S	tate
	OFFICERS AND C	Trust Fund Co	paign Financing ontribution.	ADDI	.00 May B ed to Fees TIONS/CH/	ANGES TO OFFIC	Make checorida Depa	rtment of S	tate
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12. I hereby certify that the information supplied with this filling 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 attack which that it with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/01 407-687-6600 Date Devine Prove 8

**FILED** 

May 07, 2007 8:00 am Secretary of State 05-07-2007 90071 008 \*\*\*\*61.25