


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90032 039 ****61.25

DOCUMENT # N25183

1. Entity Name
TIMACUAN COMMUNITY SERVICES ASSOCIATION, INC.



Principal Place of Business
EPM SRVS
165 W SR 434
WINTER SPRINGS, FL 32708 US

Mailing Address
EPM SRVS
POB 197043
WINTER SPRINGS, FL 32708 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2885722

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PALMERSTON LLC
165 W SR 434
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KIMMEL, BECKY	
STREET ADDRESS	893 EAGLE CLAW CT	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BONO, MICHAEL	
STREET ADDRESS	510 MANDAN CT.	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, LYNELL	
STREET ADDRESS	619 CHATAS CT	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUDINAS, KAREN	
STREET ADDRESS	430 THOMEZ CT	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANNICHIARICO, MIKE	
STREET ADDRESS	331 TERSAS CT.	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMSON, LANCE	
STREET ADDRESS	418 MOHAVE TERR	
CITY-ST-ZIP	LAKE MARY, FL 32746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Muzeka, Robin	
STREET ADDRESS	889 Eagle Claw Ct.	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morris, Barbara	
STREET ADDRESS	679 Red Wing Drive	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brame, Ed	
STREET ADDRESS	632 Chatas Ct.	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hays, Jack	
STREET ADDRESS	443 Silver Dew Street	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Annicchiarico, Mike	
STREET ADDRESS	331 Tersas Ct.	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williamson, Lance	
STREET ADDRESS	418 Mohave Terrace	
CITY-ST-ZIP	Lake Mary, FL 32746	

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: *Michael Annichiarico* **3/24/08** **407-547-8744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #