

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25183

FILED
Jan 28, 2009
Secretary of State

Entity Name: TIMACUAN COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD.434
SUITE 203
LONGWOOD, FL 327504977 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 197043
WINTER SPRINGS, FL 327197043 US

New Mailing Address:

FEI Number: 59-2885722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIMMEL, BECKY
Address: 893 EAGLE CLAW CT
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: GUDINAS, KAREN
Address: 430 THOMEZ CT
City-St-Zip: LAKE MARY, FL 32746

Title: PD () Delete
Name: ANNICHARICO, MIKE
Address: 331 TERSAS CT.
City-St-Zip: LAKE MARY, FL 32746

Title: VD () Delete
Name: WILLIAMSON, LANCE
Address: 418 MOHAVE TERR
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ANNICHARICO, MICHAEL
Address: 331 TERSAS CT.
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT () Change (X) Addition
Name: BRAME, ED
Address: 632 CHATAS COURT
City-St-Zip: LAKE MARY, FL 32746

Title: D () Change (X) Addition
Name: CEPULL, ERIC
Address: 685 RED WING DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: MICHAEL ANNICHARICO

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01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date