

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25183

FILED  
Jan 26, 2010  
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  
Name: KIMMEL, BECKY  
Address: 893 EAGLE CLAW CT  
City-St-Zip: LAKE MARY, FL 32746

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

Title: PD  
Name: ANNICHIARICO, MICHAEL  
Address: 331 TERSAS CT.  
City-St-Zip: LAKE MARY, FL 32746

Title: VD  
Name: CEPULL, ERIC  
Address: 685 RED WING DRIVE  
City-St-Zip: LAKE MARY, FL 32746

Title: DT  
Name: BRAME, ED  
Address: 632 CHATAS COURT  
City-St-Zip: LAKE MARY, FL 32746

Title: D  
Name: MUZEKA, ROBIN  
Address: 889 EAGLE CLAW COURT  
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL ANNICHIARICO

P

01/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date