

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90080 007 ****61.25

DOCUMENT # N29249

1. Entity Name
TIMBERMILL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 US**

Mailing Address
**PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 US**

40105270



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
75-2660920

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**PRIME MANAGEMENT GROUP INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **Larry Sehner, PA.**
Street Address (P.O. Box Number is Not Acceptable)
150 South Dixie Highway
City **Boca Raton** FL Zip Code **33432**

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 \$61.25
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIBACK, MARTIN	
STREET ADDRESS	2281 NW 62ND DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLS, JEAN	
STREET ADDRESS	2232 NW 62 DR	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RABINOWITZ, WARREN	
STREET ADDRESS	2228 NW 62 DR	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLNER, HOWARD	
STREET ADDRESS	2290 NW 62 DR.	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEINFELD, STEVEN	
STREET ADDRESS	2246 NW 62 DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 #