2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29249

FILED Feb 02, 2009 Secretary of State

Entity Name: TIMBERMILL HOMEOWNERS' ASSOCIATION, INC.

Current B	rincinal Blace	of Rucinocci	Now Principal Dia	co of Rucinoce:	
	rincipal Place		New Principal Pla	ice of business.	
6300 PARI	NAGEMENT G COF COMMER FON, FL 33487	CE BLVD.			
Current Mailing Address:			New Mailing Addi	New Mailing Address:	
6300 PARI	NAGEMENT G KOF COMMER TON, FL 33487	CE BLVD.			
FEI Number:	75-2660920	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	ırrent Registered Agent:	Name and Addres	s of New Registered Agent:	
750 SOUT BOCA RA ⁻	LARRY PA H DIXIE HIGHV FON, FL 33432	US			
	named entity s of Florida.	ubmits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUF	RE:				
SIGNATUF		c Signature of Registered Age	ent	Date	
				Date NGES TO OFFICERS AND DIRECTORS	
OFFICERS Title: Name: Address:	Electroni	ORS: Delete N DRIVE			
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Electroni S AND DIRECT PD () RIBACK, MARTII 2281 NW 62ND BOCA RATON, F	CORS: Delete N DRIVE L 33496 Delete	ADDITIONS/CHAN Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR	
OFFICERS Fittle: Name: Address: City-St-Zip: Fittle: Name: Address:	PD () RIBACK, MARTII 2281 NW 62ND BOCA RATON, F SD () MILLS, JEAN 2232 NW 62 DR BOCA RATON, F	CORS: Delete N DRIVE L 33496 Delete L 33496 Delete VARREN DR.	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR:	
OFFICERS Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electroni S AND DIRECT PD () RIBACK, MARTII 2281 NW 62ND BOCA RATON, F SD () MILLS, JEAN 2232 NW 62 DR BOCA RATON, F T () ROBINOWITZ, V 2228 NW 62ND BOCA RATON, F	CORS: Delete N DRIVE L 33496 Delete L 33496 Delete VARREN DR. L 33496 Delete ARD	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	() Change () Addition () Change () Addition	

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: MARTY RIBACK PR 02/02/2009