


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90022 024 ****61.25

DOCUMENT # N32323			
1. Entity Name TIMBER RIDGE VILLAGE II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 835 20TH PLACE VERO BEACH, FL 32960 US		Mailing Address 835 20TH PLACE VERO BEACH, FL 32960 US	
2. Principal Place of Business - No P.O. Box # c/o Vista Properties		3. Mailing Address Vista Properties	
Suite, Apt. #, etc. 100 Vista Royale Blvd		Suite, Apt. #, etc. 100 Vista Royale Blvd	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32962	Country USA	Zip 32962	Country USA

60023127



02132008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent MERRILL, KAREN L 835 20TH PLACE VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name VICKIE MARTIN Street Address (P.O. Box Number is Not Acceptable) c/o Vista Properties 100 Vista Royale Blvd City Vero Beach FL Zip Code 32962	
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 Vickie Martin DATE 4-9-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIENEMAN, MAX 624-101 CENTRE COURT SW VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schuh, William 640 N. CENTRE CT SW #101 VERO BEACH, FL 32962 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JACK 626-102 CENTRE CT SW VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr CROSS, ELIZABETH 626-101 CENTRE CT SW VERO BEACH, FL 32962 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALINKAS, JAMES 690-102 TENNIS ALLEY CT. VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS De VORE, ANNE 671-101 S CENTRE CT SW VERO BEACH, FL 32962 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMESON, TOM 650-101 N CENTRE CT SW VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jameison, Tim 650-101 N. CENTRE CT. SW VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBB, WAYNE 602-102 CENTRE CT SW VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

T. Jameson
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08
Date

Dever Phone #