

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

03-07-2007 9:04:22 AM 9:59.00

DOCUMENT # N32522 1. Entity Name TIMBERLAKE PROPERTY OWNERS' ASSOCIATION, INC.																															
Principal Place of Business P.O. BOX 65 JENNINGS, FL 32053		Mailing Address P.O. BOX 65 JENNINGS, FL 32053																													
2. Principal Place of Business - No P.O. Box # 6253 NW 31st Circle		3. Mailing Address Suite, Apt. #, etc.																													
City & State Jennings FL		City & State Suite, Apt. #, etc.																													
Zip 32053		Country Hamilton																													
4. FEI Number 59-3086233		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent BULLARD, RHETT 100 SOUTH OHIO AVENUE LIVE OAK, FL 32064		7. Name and Address of New Registered Agent Name LORI JOHNSON Street Address (P.O. Box Number is Not Acceptable) 6548 NW 31ST CIRCLE City JENNINGS																													
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 LORI JOHNSON <i>Lori Johnson</i> VICE PRESIDENT 03/09/07 (NOTE: Registered Agent signature required when releasing)																													
Filing Fee is \$81.25 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		DATE																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> P/D RIBBY, CHARLES W 6159 NW 31ST CIRCLE JENNINGS, FL 32053 </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> P/D RIBBY, CHARLES W. 6159 NW 31ST CIRCLE JENNINGS, FL 32053 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> D SNOW, LAUREN 6243 NW 31ST CIRCLE JENNINGS, FL 32053 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> V/D BELAVEK, KIM 3392 NW 60TH AVENUE JENNINGS, FL 32053 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> D FOREMAN, CYNTHIA 6188 NW 31ST CIRCLE JENNINGS, FL 32053 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> V/D JOHNSON, LORI 6548 NW 31ST CIRCLE JENNINGS, FL 32053 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> DS NEELY, KATHLEEN 81 W.A. ROGERS ROAD MONTICELLO, FL 32344 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> D NEELY, KATHLEEN 81 W.A. ROGERS ROGERS ROAD MONTICELLO, FL 32344 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> D WASHINGTON, JOSEPH 6897 NW CR 152 JENNINGS, FL 32053 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> T MONTGOMERY, DORA 3489 NW 60TH AVENUE JENNINGS, FL 32053 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> VD FENNER JR., CALVIN L 323 SE BRANDON LAKE CITY, FL 32025 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> S DEVROOMEN, PAME 6554 NW 31ST CIRCLE JENNINGS, FL 32053 </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RIBBY, CHARLES W 6159 NW 31ST CIRCLE JENNINGS, FL 32053	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RIBBY, CHARLES W. 6159 NW 31ST CIRCLE JENNINGS, FL 32053	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOW, LAUREN 6243 NW 31ST CIRCLE JENNINGS, FL 32053	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BELAVEK, KIM 3392 NW 60TH AVENUE JENNINGS, FL 32053	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREMAN, CYNTHIA 6188 NW 31ST CIRCLE JENNINGS, FL 32053	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D JOHNSON, LORI 6548 NW 31ST CIRCLE JENNINGS, FL 32053	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NEELY, KATHLEEN 81 W.A. ROGERS ROAD MONTICELLO, FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEELY, KATHLEEN 81 W.A. ROGERS ROGERS ROAD MONTICELLO, FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, JOSEPH 6897 NW CR 152 JENNINGS, FL 32053	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTGOMERY, DORA 3489 NW 60TH AVENUE JENNINGS, FL 32053	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FENNER JR., CALVIN L 323 SE BRANDON LAKE CITY, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEVROOMEN, PAME 6554 NW 31ST CIRCLE JENNINGS, FL 32053
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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, without either like endorsement.																															
SIGNATURE: <i>Charles W. Rigby</i> CHARLES W. RIGBY		03/09/07 386-938-5791																													

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ATTACHMENT

40041693

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City & State Jennings, FL		City & State	
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SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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Make check payable to Florida Department of State		DATE _____	
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TITLE D NAME PATRICK, QUITA STREET ADDRESS 6117 NW 31ST CIRCLE CITY-STATE-ZIP JENNINGS, FL 32053	☐ Change ☒ Addition		
TITLE D NAME HOLLINGSWORTH, ROY STREET ADDRESS 6083 NW 37ST DRIVE CITY-STATE-ZIP JENNINGS, FL 32053	☐ Change ☒ Addition		
TITLE D NAME CORBETT, ALTON STREET ADDRESS 8334 NW 31ST CIRCLE CITY-STATE-ZIP JENNINGS, FL 32053	☐ Change ☒ Addition		
TITLE D NAME MULLER, MARY STREET ADDRESS 6188 NW 31ST CIRCLE CITY-STATE-ZIP JENNINGS, FL 32053	☐ Change ☒ Addition		
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SIGNATURE: <i>Charles W. Rigby</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		03/09/07 Date	
386-938-5791 Deafline Phone #			