

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33154

FILED
Apr 26, 2007
Secretary of State

Entity Name: TIMBER RIDGE ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 16463
JACKSONVILLE, FL 32245 US

New Principal Place of Business:

SANS PAREIL STREET
JACKSONVILLE, FL 32246 US

Current Mailing Address:

PO BOX 16463
JACKSONVILLE, FL 322456463 US

New Mailing Address:

FEI Number: 59-2967589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, JULIE E
12060 WREN HOLLOW CT
JACKSONVILLE, FL 32246 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: PD () Delete
Name: PUGLIESE, THOMAS A JR
Address: 12048 EVANS BLUFF COURT
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD () Delete
Name: MONGIELLO, JOSEPH
Address: 12024 WREN HOLLOW CT
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: MCLEOD, JULIE E
Address: 12060 WREN HOLLOW CT
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: LAYHER, LYLE G
Address: 3066 SANS PAREIL STREET
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RICE, PHIL
Address: 2846 SANS PAREIL STREET
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD (X) Change () Addition
Name: FUSCO, CHRIS
Address: 2829 SANS PAREIL STREET
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIE E MCLEOD

TD

04/26/2007

Electronic Signature of Signing Officer or Director

Date