

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33154

FILED
May 04, 2008
Secretary of State

Entity Name: TIMBER RIDGE ASSOCIATION, INC.

Current Principal Place of Business:

SANS PAREIL STREET
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCLEOD, JULIE E
12060 WREN HOLLOW CT
JACKSONVILLE, FL 32246 US

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: RICE, PHIL
Address: 2846 SANS PAREIL STREET
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD () Delete
Name: FUSCO, CHRIS
Address: 2829 SANS PAREIL STREET
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 (X) 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: MCLEOD, JULIE
Address: 12060 WREN HOLLOW CT
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD (X) Change () Addition
Name: GNANN, KEITH
Address: 3060 SANS PAREIL ST
City-St-Zip: JACKSONVILLE, FL

Title: TD (X) Change () Addition
Name: TJUNG, TRACY
Address: 3036 SANS PAREIL ST
City-St-Zip: JACKSONVILLE, FL 32246

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 MCLEOD

PD

05/04/2008

Electronic Signature of Signing Officer or Director

Date