

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33154

FILED
Apr 28, 2009
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 ()

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: MCLEOD, JULIE
Address: 12060 WREN HOLLOW CT
City-St-Zip: JACKSONVILLE, FL 32246

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GNANN, KEITH
Address: 3060 SANS PAREIL
City-St-Zip: JACKSONVILLE, FL 32246

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

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

OFCR

04/28/2009

Electronic Signature of Signing Officer or Director

Date