


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90131 014 ****61.25

DOCUMENT # N36857 1. Entity Name TIMBER RIDGE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business C/O ELLIOTT MERRILL MGMT 835 20TH PLACE VERO BEACH, FL 32960 US			Mailing Address C/O ELLIOTT MERRILL MGMT 835 20TH PLACE VERO BEACH, FL 32960 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MERRILL, KAREN C/O ELLIOTT MERRILL COMM MGMT 835 20TH PLACE VERO BEACH, FL 32960				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAHAM, PETER		NAME		
STREET ADDRESS	737-C TIMBER RIDGE TRAIL SW		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32962		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIENEMAN, MAX		NAME		
STREET ADDRESS	624-101 CENTER CT SW		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32962		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, THOMAS		NAME		
STREET ADDRESS	610 WEST POINTE COURT SW		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32962		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORD, PARK		NAME		
STREET ADDRESS	600 FOX TRAIL SW		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32962		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKS, ROBERT		NAME		
STREET ADDRESS	560 FOX RUN SW		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32962		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: _____			21 MARCH 06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		