

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37208

FILED  
Jan 21, 2010  
Secretary of State

**Entity Name:** TYMBER TRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

TYMBER TRACE  
NEW SMYRNA BEACH, FL 32170 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 906  
NEW SMYRNA BEACH, FL 32170 US

**New Mailing Address:**

**FEI Number:** 59-2999239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAMBERT, WILLIAM N ESQ  
101 E. YELKCA TERR., SUITE B  
EDGEWATER, FL 32132 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: TD  
Name: WILLIAMS, RONALD T  
Address: 1349 WAYNE AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD  
Name: CAPORASO, DEBRA  
Address: 1369 WAYNE AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD  
Name: MCCULLOUGH, KAREN  
Address: 627 MIDDLEBURY LOOP  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD  
Name: MURPHY, ELIZABETH  
Address: 631 MIDDLEBURY LOOP  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD  
Name: DUCKWORTH, ROBERT  
Address: 657 WELLESLEY COURT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby 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 all other like empowered.

SIGNATURE: RONALD T WILLIAMS

TD

01/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date