## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N41381**

TIMBERLANE WOODS HOMEOWNERS' ASSOCIATION,



FILED Mar 14, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

**573 TIMBERLANE RD** TALLAHASSEE, FL 32312 Malling Address

3503 DOE RUN RD TALLAHASSEE, FL 32312 US



## DO NOT WRITE IN THIS SPACE

03122006 No Cha-NP

CRZE037 (11/05)

4. FEI Number 59-2471510 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, ROGER C. **573 TIMBERLANE RD** TALLAHASSEE, FL 32312

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

3. 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 Signature, typed or printed name of registered agent and title if approachle. (NOTE: Registered Agent signature required when instituting)					DATE
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finant Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROGER C 573 TIMBERLANE RD TALLAHASSEE, FL		H00000487620 03/2 <b>3/06-8</b> 00 <b>57-014</b> 61 <b>.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, AGNES G 573 TIMBERLANE RD TALLAHASSEE, FL				
TITLE NAME STREET ADDRESS CHY-SI-DP	D GARDNER, WILLIAM H 3503 DOE RUN RD TALLAHASSEE, FL 3Z312		DO NOT WRITE		
TITLE NAME STREET ADDRESS CXTY-ST-ZP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CRY-ST-DP					
TITLE NAME STREET ADDRESS 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.					

ED NAME OF SIGNING OFFICER OR DIRECTOR