

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N41381

1. Entity Name
**TIMBERLANE WOODS HOMEOWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**573 TIMBERLANE RD
TALLAHASSEE, FL 32312**

Mailing Address
**3503 DOE RUN RD
TALLAHASSEE, FL 32312 US**



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2471510

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000807409
02/07/08-80007-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, ROGER C
STREET ADDRESS	573 TIMBERLANE RD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	SMITH, AGNES G
STREET ADDRESS	573 TIMBERLANE RD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	GARDNER, WILLIAM H
STREET ADDRESS	3503 DOE RUN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	GARDNER, BETTY W
STREET ADDRESS	3503 DOE RUN RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William H. Gardner **WILLIAM H. GARDNER** 1-29-08 850-528-5687