2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N93000000799 02-22-2007 90011 024 ****61.25 TIMBER CREEK ESTATES OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address **5460 CREEKVIEW LANE 5460 CREEKVIEW LANE** 400~~. PACE, FL 32571 US PACE, FL 32571 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3174222 Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **DUREN, JUDITH** Street Address (P.O. Box Number is Not Acceptable) 5460 CREEK VIEW LANE PACE, FL 32571 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filling Fee is \$61.25 \$5.00 May Be Make check payable to Florida Department of State Trust Fund Contribution. Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD **X** Delete TITLE TITLE Renee Brayton 5481 Creek View Lane DUREN, JUDITH NAME NAME 5481 Creek STREET ADDRESS 5460 CREEK VIEW LANE STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP Pace FL 32571 □ Delete TITLE Addition ☐ Change NAME DUREN, JUDITH NAME 5460 CREEK CVIEW LANE STREET ADDRESS STREET ADDRESS PACE, FL 32571 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Change **Addition** Delete TITLE Marilyn Rogers 5404 Creek View Lane LINDELL, JOY NAME NAME 5416 CREEK VIEW LANE STREET ADORESS STREET ADDRESS Pace FL 32571 CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP ☐ Delete TILLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Oelete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

Feb 22, 2007 8:00 am

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:

Mariya Rogers

JIS/06 850.994.0566

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