


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

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000000799 1. Entity Name TIMBER CREEK ESTATES OWNERS ASSOCIATION, INC.	
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Principal Place of Business 5460 CREEKVIEW LANE PACE, FL 32571 US	Mailing Address 5460 CREEKVIEW LANE PACE, FL 32571 US
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DO NOT WRITE IN THIS SPACE



03232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3174222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUREN, JUDITH 5460 CREEK VIEW LANE PACE, FL 32571

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000871713 04/10/08-80008-025 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAYTON, RENEE 5481 CREEK VIEW LN PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUREN, JUDITH 5460 CREEK CVIEW LANE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROGERS, MARILYN 5404 CREEK VIEW LN PACE, FL 32571
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Marilyn Rogers Marilyn Rogers 3/24/08 850.994.0566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #