

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000799

FILED
Apr 04, 2009
Secretary of State

Entity Name: TIMBER CREEK ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5460 CREEKVIEW LANE
PACE, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

5460 CREEKVIEW LANE
PACE, FL 32571 US

New Mailing Address:

FEI Number: 59-3174222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUREN, JUDITH
5460 CREEK VIEW LANE
PACE, FL 32571 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: PD () Delete
Name: BRAYTON, RENEE
Address: 5481 CREEK VIEW LN
City-St-Zip: PACE, FL 32571

Title: VD () Delete
Name: DUREN, JUDITH
Address: 5460 CREEK CVIEW LANE
City-St-Zip: PACE, FL 32571

Title: STD () Delete
Name: ROGERS, MARILYN
Address: 5404 CREEK VIEW LN
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARILYN ROGERS

STD

04/04/2009

Electronic Signature of Signing Officer or Director

Date