2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# N93000001944

Entity Name: TIMBER CREEK ESTATES PHASE II OWNER ASSOCIATION, INC.

Current Principal Place of Business:

5582 TIMBER CREEK DR
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

5582 TIMBER CREEK DR
PACE, FL 32571

New Mailing Address:

FEI Number: 59-3265532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HADDER, WILLIAM H
5582 TIMBER CREEK DR
PACE, FL 32571

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:	P	( ) Delete
Name:	WILCOX, JESSE	
Address:	5517 TIMBERCREEK DR	
City-St-Zip:	PACE, FL 32571	
Title:	VP	( ) Delete
Name:	ARD, JERRY	
Address:	5573 TIMBER CREEK DRIVE	
City-St-Zip:	PACE, FL 32571	
Title:	ST	( ) Delete
Name:	STEELE, HOMER	
Address:	4301 JERNIGAN RD	
City-St-Zip:	PACE, FL 32571	
Title:	D	( ) Delete
Name:	ARD, TWYLA	
Address:	7350 KIPLING ST.	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	D	( ) Delete
Name:	MOORE, JOY	
Address:	5549 TIMBER CREEK DR.	
City-St-Zip:	PACE, FL 32571	
Title:	D	( ) Delete
Name:	HADDER, WILLIAM H	
Address:	5582 TIMBER CREEK DRIVE	
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:	
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 for the exemption stated in Section 119.07(3)(i), 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: WILLIAM H HADDER D 07/02/2004

Electronic Signature of Signing Officer or Director — Date