

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001944

FILED  
Jun 29, 2005  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HADDER, WILLIAM H  
5582 TIMBER CREEK DR  
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: 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:

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

06/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date