2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003003

1. *Entity Name*
TIMBER RIDGE HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
4544 AMBER VALLEY DR. TALLAHASSEE, FL 32312	4544 AMBER VALLEY DR. TALLAHASSEE, FL 32312

01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3296062
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, CAROL M
4544 AMBER VALLEY DR.
TALLAHASSEE, FL 32312

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be *Added to Fees*

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RUSSELL, LAURIE
STREET ADDRESS	4575 AMBER VALLEY DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	SD
NAME	EDWARDS, ANA
STREET ADDRESS	4487 AMBER VALLEY DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VD
NAME	TATE, WAYNE
STREET ADDRESS	4409 AMBER VALLEY DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	TD
NAME	COOPER, CAROL M
STREET ADDRESS	4544 AMBER VALLEY DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/05-80049-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Carol M. Cooper 1-17-05 (850) 668-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #