2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # N9400003003 1. Entity Name TIMBER RIDGE HOMEOWNERS ASSOCIATION OF

Principal Place of Business

4544 AMBER VALLEY DR. TALLAHASSEE, FL 32312

.. 51

TALLAHASSEE, INC.

Mailing Address

4544 AMBER VALLEY DR. TALLAHASSEE, FL 32312

in a law.

FILED Feb 12, 2007 08:00 AM Secretary of State

CR2E037 (4/06)



DO NOT WRITE IN THIS SPACE 02092007 No Chg-NP

4. FEI Number Applied For 59-3296062 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 DO NOT WRITE IN THIS SPACE

	·			IN I HIS SPACE			
					e Militaria de Caracteria d Caracteria de Caracteria d		
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or i	registered agent, or bo	oth, in the State of Florida. I am familiai	with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered A			i Agent signatur	nt signature required when reinstating) DATE			
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000632174 02/21/07-80012-001	61.25	
10.	OFFICERS AND DIRECTORS			en lever lessen eine Alfriche fen	Fig. 178 - Erwines - Erwin Familier		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSSELL, LAURIE 4575 AMBER VALLEY DR. TALLAHASSEE, FL 32312			Andrewski - 1 Basseria (1 Basseria (1) Basseria (1) Basseria (1) Basseria (1) Basseria (1) Basseria (1)	A CAN A CANAGA A CANA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, ANA 4487 AMBER VALLEY DR. TALLAHASSEE, FL 32312		ka iz istorio Granda kasek Bija Santasi Bira Santasi			्र क्षेत्रकार होता. प्रकार होता है जाता है के देखा है कि है के स्थाप है जाता है ज स्थापित होता है जाता ह	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TATE, MARSHA 4409 AMBER VALLEY DR. TALLAHASSEE, FL 32312			e předsta tak tak a p List předsta valada k 19. spřejska a sa	, yer dan অনুধী কিন্তু হৈ সংগ্ৰহণ কৰি দিল্লী কিন্তু হৈছিল। ১৮ ৯ - তেওঁ তেওঁ সংগ্ৰহণ চুক্তি স্থানিকৈছে বিভাগ	Cambrani Griking	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOPER, CAROL M 4544 AMBER VALLEY DR. TALLAHASSEE, FL 32312			North Season of North Season o	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			e literati 1 % a se 1 a septe 1 literati			i de la companya de A companya de la comp	
TITLE NAME STREET ADDRESS				িপ্ৰকৃষ্ণিত ইংগিনিকী কৰিব পঞ্চল প্ৰথম ইংগিনিক প্ৰথম কৰিব কৰিব কৰিব প্ৰথম কৰিব কৰিব কৰিব কৰিব	in in the state of the second and the second	$2 \leq 4 \leq q_0$	

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

RANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEHOOR DIRECTO

2-9-0

<u>850) 668-1133</u>