

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004552	
1. Entity Name TIMBERLAND ESTATES PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 515 S. 6TH STREET MACCLENNY, FL 32063	Mailing Address 515 S. 6TH STREET MACCLENNY, FL 32063
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DO NOT WRITE IN THIS SPACE

07212004 No Chg-NP CR2E037 (10/03)

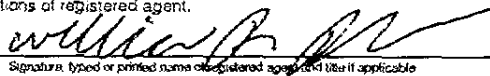
4. FEI Number 59-3278270	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RHODEN, WILLIAM R
515 S. 6TH STREET
MACCLENNY, FL 32063**

DO NOT WRITE IN THIS SPACE

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  **William R. Rhoden** **7-21-04**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

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

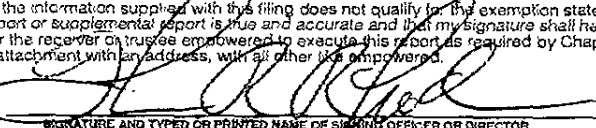
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHODEN, THOMAS R 515 S. 6TH STREET MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RHODEN, WILLIAM R 515 S. 6TH STREET MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RHODEN, TINA M 515 S. 6TH STREET MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000157792
07/22/04-80009-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  **7-21-04 9042596431**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #