


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 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



01152007 No Chg-NP CR2E037 (4/06)

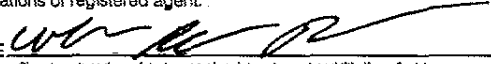
4. FEI Number 59-3278270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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  DATE 1-16-07

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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000670293 03/27/07-80103-020 61.25
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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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:  DATE 1-16-07 DAYTIME PHONE # 904-259-8989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR