
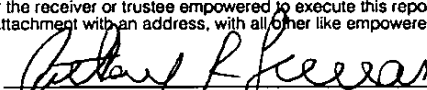


**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

<h1 style="margin: 0;">DOCUMENT # N95000005086</h1>			
<div style="display: flex; justify-content: space-between;"><div>1. Entity Name <b>TIMBERLIN PARC HOMEOWNERS ASSOCIATION, INC.</b></div></div>			
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business <b>920 THIRD ST STE B NEPTUNE BEACH, FL 32266 US</b></div><div>Mailing Address <b>920 THIRD ST STE B NEPTUNE BEACH, FL 32266 US</b></div></div>			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>WALLACE, L. DENISE 920 THIRD ST STE B JACKSONVILLE BEACH, FL 32250</b>			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PENNINGTON, VICTORIA 7735 TIMBERLINPARC BLVD JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SCAIA, KRISTA 7849 TIMBERLIN PARC BLVD JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUCIANO, ANTHONY 8891 TIMBERJACK LN JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
<b>11.</b>		<b>11.</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Per 773 Jac	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			