## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000000928

FILED Feb 16, 2009 Secretary of State

Entity Name: TIMBERVILLAGE MOBILE HOMEOWNERS INC.

	rincipal Place	of Business:	New Principal Plac	e of Business:	
Current Principal Place of Business: 15130 TIMBER VILLAGE			·	New Principal Place of Business:	
GROVELAND, FL 34736 US			85	GROVELAND, FL 34736 US	
Occurred Marilla or Address or					
Current N	lailing Addres	s:	New Mailing Addre	ess:	
	TIMBER VILLA AND, FL 34736				
El Number	: 59-3367342	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
15130 - 85 GROVELA	MARTIN K PRE 5 TIMBER VILLA AND, FL 34736	AGE S US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU					
	Electron	ic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTO	
Γitle:	VP ()	Delete	Title:	() Change () Addition	
Name: Nddress: City-St-Zip:	BEYLER, JERR 15130-87 TIMB GROVELAND, F	ER VILLAGE RD	Name: Address: City-St-Zip:	( ) 5.1	
\ddress:	15130-87 TIMB GROVELAND, F D () WEEKS, PATTY	ER VILLAGE RD FL 34736 Delete / ER VILLAGE RD	Name: Address:	()Change()Addition	
Address: Dity-St-Zip: Fitle: Name: Address:	15130-87 TIMB GROVELAND, F D ( ) WEEKS, PATTY 15130-70 TIMB GROVELAND, F ST ( ) WOOD, PAT L	ER VILLAGE RD FL 34736  Delete ( ER VILLAGE RD FL 34736  Delete  ER VILLAGE RD	Name: Address: City-St-Zip: Title: Name: Address:		
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN K. NEVIUS PRES 02/16/2009