2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N96000005228

Entity Name: TIMARRON HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O SOUTHWEST PROP MGMT
1044 CASTELLO DR STE 206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O SOUTHWEST PROP MGMT
1044 CASTELLO DR STE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0826651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT CORP
1044 CASTELLO DR
STE 206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	TREON, MARSHALL	
Address:	1925 TIMARRON WAY	
City-St-Zip:	NAPLES, FL 34109	
Title:	D	( ) Delete
Name:	VAN DE GRIFT, THOMAS	
Address:	1801 TIMARRON WAY	
City-St-Zip:	NAPLES, FL 34109	
Title:	ST	( ) Delete
Name:	ZOBOTT, RAYMOND	
Address:	1905 TIMARRON WAY	
City-St-Zip:	NAPLES, FL 34109	
Title:	VD	( ) Delete
Name:	LEACH, DANIEL	
Address:	1896 TIMARRON WAY	
City-St-Zip:	NAPLES, FL 34109	
Title:	D	( ) Delete
Name:	BURKE, EDMUND	
Address:	2016 TIMARRO WAY	
City-St-Zip:	NAPLES, FL 34109	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	VAN DE GRIFF, TOM	
Address:	1861 TIMARRON WAY	
City-St-Zip:	NAPLES, FL 34109	

I hereby certify that the information supplied with this filing does not qualify for the 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: MARSHALL TREON P 04/24/2007

Electronic Signature of Signing Officer or Director — Date