

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007121

FILED
Apr 29, 2009
Secretary of State

Entity Name: TIMBERWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6399 BRANCHWOOD DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6399 BRANCHWOOD DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0839901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LADWIG, PATTI HEIDLER P. A.
127656 W FOREST HILL BLVD.
1312
WEST PALM BEACH, FL 33414478 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: P () Delete
Name: FLORENCE, STEVE
Address: 6078 BRANCHWOOD DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: MCNISH, SELMA
Address: 6048 BRANCHWOOD DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: SCHULER, JANICE
Address: 6399 BRANCHWOOD DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD () Delete
Name: TURNER, JOHN
Address: 6193 BRANCHWOOD DRIVE
City-St-Zip: LAKE WORTH, FL 33467

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:

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: JANICE SCHULER

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date