


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90050 042 ****61.25

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1. Entity Name
TIMBERS OF DELAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 1721 TIMBER EDGE DRIVE
 DELAND, FL 32724

Mailing Address
 PO BOX 328
 LAKE HELEN, FL 32744

2. Principal Place of Business
 1701 Timber Hills Dr
 Suite, Apt. #, etc.


3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Deland, FL

City & State

Zip
 32724

Country



01092006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
 EVANS, JAMES M
 1615 TIMBER PINE CT
 DELAND, FL 32724

4. FEI Number
 59-3491809

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name Edwin Hall
 Street Address (P.O. Box Number is Not Acceptable)
 1701 Timber Hills Dr
 City Deland FL Zip Code 32724

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 *Edwin Hall* Edwin Hall, President 3/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARDIN, DAVID E	
STREET ADDRESS	1750 TIMBER OAKS CT.	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, JAMES M	
STREET ADDRESS	1615 TIMBER PINE CT.	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOUIE, GAYLE LEE	
STREET ADDRESS	1680 TIMBER HILLS DR	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALL, EDWIN	
STREET ADDRESS	1701 TIMBER HILLS DR	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUTLER, CHARLES J	
STREET ADDRESS	1741 TIMBERHILLS DR.	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goodwin, Pete	
STREET ADDRESS	1671 Timber Hills Dr	
CITY-ST-ZIP	Deland, FL 32724	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parsons, Joyce	
STREET ADDRESS	1610 Timber Hills Dr	
CITY-ST-ZIP	Deland, FL 32724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Toney, Dean	
STREET ADDRESS	1731 Timber Hills Dr	
CITY-ST-ZIP	Deland, FL 32724	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, Edwin	
STREET ADDRESS	1701 Timber Hills Dr	
CITY-ST-ZIP	Deland, FL 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Charles J. Butler* Charles J. Butler 3/9/06 (386) 740-7287
Signature and typed or printed name of signing officer or director Date Daytime Phone #