2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90123 040 ****61.25

DOCUMENT # N98000005274

1. Entity Name
TIMBERLAND HILLS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503	3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.: 908 Bordengate Circle	Suite, Apt. #, etc.: 908 Bordengate Circle
City & State: Pensacola Florida	City & State: Pensacola, FL
Zip: 32504 Country:	Zip: 32504 Country:

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3577527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ETHERIDGE, KEVIN R 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503	Name Street Address (P.O. Box Number is Not Acceptable): 908 Bordengate Circle City: Pensacola FL Zip Code: 32504

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: _____ April 22, 2008
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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GORRALLION, SHIRLEY 6872 KAPOK DR MILTON, FL 32583	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bill Henderson 6894 Kapok Dr. Milton, FL 32583	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOYLE, MAGGIE 6875 KAPOK DR MILTON, FL 32583	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PLANT, MARTHA C 6888 KAPOK DR MILTON, FL 32583	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBERTS, FRAN 6884 KAPOK DR MILTON, FL 32583	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAGE, JANET 6893 KAPOK DRIVE MILTON, FL 32583	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ April 22 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #