2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003085

FILED Jan 21, 2009 Secretary of State

Entity Name: TIMBER RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 289 MCCLAIN DR 279 MCCLAIN DR W MELBOURNE, FL 32904 W MELBOURNE, FL 32904 **Current Mailing Address: New Mailing Address:** P.O. BOX 121044 W MELBOURNE, FL 32912 FEI Number: 59-3587843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODRIGUEZ, ORLANDO 289 MCCLAIN DR W MELBOURNE, FL 32904 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RODRIGUEZ, ORLANDO Name: Name: 289 MCCLAIN DR Address: Address: City-St-Zip: W MELBOURNE, FL 32904 City-St-Zip: Title: Title: (X) Change () Addition () Delete POWELL, KATHY Name: ISAACS, MARTIN Name: Address: 227 MCCLAIN DR Address: 279 MCCLAIN DR City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: MELBOURNE, FL 32904 Title: () Delete Title: (X) Change () Addition ISSACS, MARTY SCOTT, BILL Name: Name: 279 MCCLAIN DRIVE Address: Address: 292 MCCLAIN DRIVE City-St-Zip: WEST MELBOURNE, FL 32904 City-St-Zip: WEST MELBOURNE, FL 32904 Title: () Delete Title: (X) Change () Addition GALOTOLA, MIKE Name: Name: CAPPS, RODDY Address: 290 MCCLAIN DR Address: 228 MCCLAIN DR City-St-Zip: WEST MELBOURNE, FL 32904 City-St-Zip: WEST MELBOURNE, FL 32904 Title: () Delete Title: () Change () Addition NEWBY, BRIAN Name: Name: 271 MCCLAIN DR Address: Address: City-St-Zip: WEST MELBOURNE, FL 32904 City-St-Zip: Title: () Delete Title: (X) Change () Addition SAUNDERS, ALLYN RAUH, TOM Name: Name: Address: 276 MCCLAIN DR Address: 266 MCCLAIN DR WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904 City-St-Zip: 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: MARTIN ISAACS T 01/21/2009