


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000006000	
1. Entity Name TYMBER CROSSINGS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business PO BOX 731646 ORMOND BEACH, FL 32173	Mailing Address PO BOX 731646 ORMOND BEACH, FL 32173
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3698437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TOWNSLEY, RUTHANN 174 CENTENNIAL LANE DAYTONA BEACH, FL 32119

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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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000906828 05/05/08-80014-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUCKETT, STEPHEN 57 GREY DAPPLE WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIEGAND, VIRGINIA 10 STALLION WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODE-CECKOWSKI, ANA 117 GREY DAPPLE WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONSOOR, DOUGLAS M 32 PERUVIAN LN ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 authority like empowered.

SIGNATURE: 	Stephen E. Puckett, Pres.	4-15-08	386-673-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #