

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006000

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** TYMBER CROSSINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 731646  
ORMOND BEACH, FL 32173

**New Principal Place of Business:**

57 GREY DAPPLE WAY  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

PO BOX 731646  
ORMOND BEACH, FL 32173

**New Mailing Address:**

**FEI Number:** 59-3698437      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOWNSLEY, RUTHANN  
174 CENTENNIAL LANE  
DAYTONA BEACH, FL 32119      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: PD      ( ) Delete  
Name: PUCKETT, STEPHEN  
Address: 57 GREY DAPPLE WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SD      ( ) Delete  
Name: WIEGAND, VIRGINIA  
Address: 10 STALLION WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D      ( ) Delete  
Name: RODE-CECKOWSKI, ANA  
Address: 117 GREY DAPPLE WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VD      ( ) Delete  
Name: MONSOOR, DOUGLAS M  
Address: 32 PERUVIAN LN  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD      (X) Change ( ) Addition  
Name: MONSOOR, DOUGLAS  
Address: 32 PERUVIAN LN  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SD      (X) Change ( ) Addition  
Name: WIEGAND, VIRGINIA  
Address: 10 STALLION WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: TD      (X) Change ( ) Addition  
Name: BAKER, KEITH  
Address: 14 STALLION WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D      ( ) Change (X) Addition  
Name: RODE-CECKOWSKI, ANA  
Address: 117 GREY DAPPLE WAY  
City-St-Zip: ORMOND BEACH, FL 32174

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: STEPHEN E PUCKETT

PD

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date