


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **723806** (6)

1. Corporation Name

**TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION, SECTION ONE, INC.**

Principal Place of Business

**4250 GREENPOCKET LANE  
ORLANDO FL 32839-1008**

Mailing Address

**4250 GREENPOCKET LANE  
ORLANDO FL 32839-1008**



3. Date Incorporated or Qualified  
**07/05/1972**

3a. Date of Last Report  
**04/30/1996**

2. Principal Place of Business  
**4028 TYMBORWOOD LN**

Suite, Apt. #, etc.

2a. Mailing Address  
**4028 TYMBORWOOD LN**

City & State  
**ORLANDO, FL**

Zip  
**32839**

Country  
**U.S.A.**

4. FEI Number  
**59-1416215**

Applied For  
Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PLATIN, MAGDALENA  
4250 GREENPOCKET LANE  
ORLANDO FL 32839**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4028 TYMBORWOOD LN**  
83  
84 City  
**ORLANDO**  
85 Zip Code  
**FL 32839**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARR, ARLENE	
STREET ADDRESS	4292 GREENPOCKET LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT CHEEZEM	
STREET ADDRESS	4267 WINDCROSS LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AUGUSTINE, DENNIS A.	
STREET ADDRESS	2632 SKAN CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GYSBERTUS MHEENBEEK	
STREET ADDRESS	2637 SKAN CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOMBARDI, ALICE	
STREET ADDRESS	41159 WINDCROSS LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIEHL, WARREN	
STREET ADDRESS	6524 NINA ROSA DR	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VANIS, R. TOM	
1.3 STREET ADDRESS	7640 Clubhouse Estates Dr.	
1.4 CITY-ST-ZIP	Orlando, FL 32819	
2.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VAZQUEZ, JOSE	
2.3 STREET ADDRESS	316 51 Street	
2.4 CITY-ST-ZIP	Brooklyn, NY 11220	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AUGUSTINE, DENNIS A.	
3.3 STREET ADDRESS	2632 Skan Ct.	
3.4 CITY-ST-ZIP	Orlando, FL 32839	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TELLEZ, NOHEMI	
4.3 STREET ADDRESS	4288 Greenpocket, Ln.	
4.4 CITY-ST-ZIP	Orlando, FL 32839	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Larger, John	
6.3 STREET ADDRESS	5136 CR 478	
6.4 CITY-ST-ZIP	Webster, FL 33597	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DENNIS A. AUGUSTINE** **4/21/97** **(407) 841-6999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)