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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

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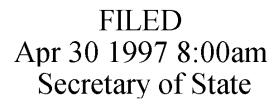
TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION, SECT ION ONE, INC.

Principal Place of Business

4350 GREENPOCKET LANG

Mailing Address

4250 GREENPOOKET LANE ORLANDO FL 32629-1008...





ORLANDO FL 3	2839-1008	ORLANDO-FL-82838-1008.,				
				3. Date incorporated or Qualified 3a. 07/05/1972	Date of Last Report 04/30/1996	
2. Principal Pla	ace of Business TYMBELWOOD LN	2a. Mailing Address 26 4028 TUMB	eewood p	4. FEI Number 59-1416215	Applied For	
21 4028 Suite, Apt. #		Suite, Apt. #, etc.	ENCO /		Not Applicable \$8.75 Additional	
22	, oto.	27		5. Certificate of Status Desired	Fee Required	
City & State	, , ,	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 OR/A		28 ORIANDO, 1	FL	Trust Fund Contribution	Added to Fees	
Zip 328	39 25 U.S. A	Zip 29 <i>32839</i> 30	Country U. J. A	8. This corporation has liability for intangit Florida Statutes		
24 228	9. Name and Address of Current		U . U. D. 77	Florida Statutes Yes 10. Name and Address of New Registers		
			81 Name			
PI ATIN	MAGDAI ENA		120			
PLATIN, MAGDALENA 4250 Greenpocket Lane				82 Street Address (P.O. Box Number is Not Acceptable) 4023 TYMBUL WOOD LA		
	O Ft 32809-		83	<u> </u>	······································	
0,10110			84 City		85 Zip Code	
			1 2	Rlaudo F	L 32839	
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	, the above-name	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	of changing its registered	
agent. I an	n familiar with, and accept the obligat	tions of, Section 617.0503, Florid	da Statutes.	polation s position directors. I hereby accept the a	bbounned as redistered	
SIGNATURE _	Signature, typed or printed name of registered agen	I and trile if applicable (NOTE: F	Registered Agent signatu	e regulted when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PD	▼ DELETE	1.1 TITLE	V/P	Change X Addition	
NAME	CARR, ARLENE		1.2 NAME	VANIS, R. TOM		
STREET ADDRESS	4292 GREENPOCKET LN		1.3 STREET ADDRESS	7640 Clubhouse Estates	Dr.	
CITY - ST - ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, F1 32819		
TITLE	D	X DELETE	2.1 TITLE	S/T	Change K Addition	
NAME	ROBERT CHEEZEM		2.2 NAME	VAZQUEZ, JOSE		
STREET ADDRESS	4267 WINDCROSS LN		2.3 STREET ADDRESS	316 51 Street		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Brooklyn, NY 11220		
TITLE	TD	☐ DELETE	3.1 TITLE	PD	Change Addition	
NAME	AUGUSTINE, DENNIS A.		3.2 NAME	AUGUSTINE , DENNIS A.		
STREET ADDRESS	2632 SKAN CT		3.3 STREET ADORESS	1 =		
CITY-ST-ZIP	ORLANDO FL	K DELETE	3.4. CITY-\$T-ZIP	Orlando, F1 32839	Change K Addition	
TITLE		MT nerese	4.1 TITLE	D	The Walington	
NAME	GYSBERTUS MHEENBEEK 2637 SKAN CT.		4. 2 NAME	TELLEZ, NOHEMI		
STREET ADDRESS			4.3 STREET ADDRESS	Arno gressbocker, bu.		
CITY-ST-ZIP TITLE	ORLANDO FL D	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Orlando, Fl 32839	Change Addition	
NAME	LOMBARDI, ALICE	Other	5.2 NAME	1	The standard of the standard o	
STREET ADDRESS	41159 WINDCROSS LANE		5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		5.3 STREET ADDRESS			
TITLE	D DIDANDO I L	K DELETE	6.1 TITLE	_	Change Addition	
NAME	DIEHL, WARREN		6.2 NAME	D V n n n n n n n n n n n n n n n n n n n		
STREET ADDRESS	6524 NINA ROSA DR		6.3 STREET ADDRESS	Larger, John		
1	AA1 41 MA E1		1	5136 CR 478		
14. 1 do hereb	v certify that the information supplied	with this filing does not qualify:	for the exemption	Webster F1 33507 stated in Section 119.07(3)(i), Florida Statutes furt	her certify that the	

I do nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. 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 eath; 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: A SIGNATURE:

4/21/97 (401) 841 699
Dayline Prone 1 001788

CR2E037 (9/96)