


FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 723806					
1. Corporation Name TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION, SECTION ONE, INC.					
Principal Place of Business 4041 TYMBERWOOD LN. ORLANDO FL 32839 US			Mailing Address 4041 TYMBERWOOD LANE ORLANDO FL 32839 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/05/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-1416215	
24		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER & POLIAKOFF, P.A. C/O JOHN CHRISTENSEN, ESQ. 500 WINDERLEY PLACE, SUITE 104 MAITLAND FL 32839				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VANIS, R. T.			1.2 NAME	VANIS, R.T.		
STREET ADDRESS	7640 CLUBHOUSE ESTATES DR.			1.3 STREET ADDRESS	7640 Clubhouse Estates Dr.		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	Orlando, FL 32819		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAZQUEZ, JOSE			2.2 NAME	VAZQUEZ, JOSE		
STREET ADDRESS	316 51 STREET			2.3 STREET ADDRESS	316 51st		
CITY-ST-ZIP	BROOKLYN NY			2.4 CITY-ST-ZIP	Brooklyn, NY		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AUGUSTINE, DENNIS A.			3.2 NAME	SCALES, JOHN C.		
STREET ADDRESS	2632 SKAN CT			3.3 STREET ADDRESS	640 Oakview Street		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TELLEZ, NOHEMI			4.2 NAME	HAAS, FREDERICK C.		
STREET ADDRESS	4288 GREENPOCKET LN			4.3 STREET ADDRESS	6092 Peregrine Ave		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	Orlando, FL 32819		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOMBARDI, ALICE			5.2 NAME			
STREET ADDRESS	41159 WINDCROSS LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARGER, JOHN			6.2 NAME	LARGER, JOHN		
STREET ADDRESS	5136 CR 478			6.3 STREET ADDRESS	5136 CR 478		
CITY-ST-ZIP	WEBSTER FL			6.4 CITY-ST-ZIP	Webster, FL 33597		

14. I 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, with all other like empowered.

SIGNATURE: *Frederick C. Haas* Frederick C. Haas, Director 3/3/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)