


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 723806	
1. Entity Name TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION, SECTION ONE, INC.	

Principal Place of Business 2650 SKAN CRT ORLANDO, FL 32839 US	Mailing Address 2650 SKAN CRT ORLANDO, FL 32839 US
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1416215	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 KILLGORE PEARLMAN STAMP ORNSTEIN & SQUIRES 2 SOUTH ORANGE AVE., 5TH FLOOR ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHONTERE, RICHARD 3410 GALT OCEAN DR., #1802N FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SECRAN, AMANDA 4618 GREEN GLEN CT ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HURLEY, JAMES 3085 FLORAL WAY E APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLER, ROD 208 MARENGO AVE. FOREST PARK, IL 601301601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RADICE, EUGENE 2273 BLUE SAPPHIRE CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTANEZ, JOE 2680 SKAN CT ORLANDO, FL 32839

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U00000725069
05/03/07-80007-023 61.25

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 all other like empowered.

SIGNATURE: *R S Swire* **AS PRESIDENT** *4/20/07 (407) 846999*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #