

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731377 (8)

1. Corporation Name

TIMBERWOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10033 9TH ST N
4175 EAST BAY DR., STE 205
ST PETERSBURG FL 33716
US

10033 9TH ST N
4175 EAST BAY DR., STE 205
ST PETERSBURG FL 33716
US

3. Date Incorporated or Qualified
12/13/1974

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o Rampart Properties

26 10033 9th st. N.

4. FEI Number
59-1581692

Applied For
Not Applicable

22 10033 9th st. N.

27 Suite, Apt. #, etc.

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

23 St Petersburg FL

28 St Petersburg FL

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

24 33716

25 Pinellas

29 33716

30 Pinellas

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMPART PROPERTIES INC
10033 9TH STREET NORTH
SECOND FLOOR
ST PETERSBURG FL 33716

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SIENKIENWICZ, JERRY	
STREET ADDRESS	9717 86TH AVE N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WESTMORELAND, JACK	
STREET ADDRESS	9541 86TH AVE NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARK, JIM	
STREET ADDRESS	9737 86TH AVE N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOLICOEUR, BUZZ	
STREET ADDRESS	9707 86TH AVE N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAFTEIU, GAIL	
STREET ADDRESS	9505 86TH AVE N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10033 9th St. N.
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10033 9th St. N.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10033 9th St. N.
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Duane Moore
4.3 STREET ADDRESS	10033 9th St. N.
4.4 CITY-ST-ZIP	St. Petersburg, FL 33716
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD
5.3 STREET ADDRESS	Jim Bruton
5.4 CITY-ST-ZIP	10033 9th St. N.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	St. Petersburg, FL 33716
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

2/6/96
Date

(813) 577-2200
Daytime Phone #

CR2E037 (12/95)