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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

C/O RAMPART PROPERTIES
10030 9TH STREET NORTH
ST. PETERSBURG FL 33716
US

10033 9TH STREET NORTH
ST. PETERSBURG FL 33716-3804
US

3. Date Incorporated or Qualified
12/13/1974

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1581692

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

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 ☐ DELETE
NAME ~~BIENKIEWICZ, JERRY~~
STREET ADDRESS 10033 9TH STREET NORTH
CITY - ST - ZIP ST. PETERSBURG FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME George McGinn
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE PD ☐ DELETE
NAME ~~WESTMORELAND, JACK~~
STREET ADDRESS 10033 9TH STREET NORTH
CITY - ST - ZIP ST. PETERSBURG FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME John Scott Parker
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ~~PD~~ ☐ DELETE
NAME CLARK, JIM
STREET ADDRESS 10033 9TH STREET NORTH
CITY - ST - ZIP ST. PETERSBURG FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME PD
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME MOORE, DUANE
STREET ADDRESS 10033 9TH STREET NORTH
CITY - ST - ZIP ST. PETERSBURG FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Charles Geiger
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ~~PD~~ ☐ DELETE
NAME BRUTON, JIM
STREET ADDRESS 10033 9TH STREET NORTH
CITY - ST - ZIP ST. PETERSBURG FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Marilyn Bayer
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

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

2/26/97
Date

813-586-3541
Daytime Phone # 0051210

CR2E037 (9/96)