

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731377** (8)
1. Corporation Name
TIMBERWOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business G/O RAMPART PROPERTIES- 10033 9TH STREET NORTH ST. PETERSBURG FL 33716 US		Mailing Address 10033 9TH STREET NORTH ST. PETERSBURG FL 33716 US		3. Date Incorporated or Qualified 12/13/1974	
2. Principal Place of Business 21 % CONDOMINIUM ASSOC Suite, Apt. #, etc. 3001 EXECUTIVE DR, # 260		2a. Mailing Address 28 3001 EXECUTIVE DR Suite, Apt. #, etc. # 260		4. FEI Number 59-1581692 Applied For <input type="checkbox"/> Not Applicable	
22 City & State 23 CLEARWATER, FL		27 City & State 28 CLEARWATER FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33762		29 Zip 33762		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent RAMPART PROPERTIES INC 10033 9TH STREET NORTH SECOND FLOOR ST. PETERSBURG FL 33716				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				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.	

81 Name CONDOMINIUM ASSOCIATES	
82 Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DR, # 260	
83	
84 City CLEARWATER	85 Zip Code FL 33762

SIGNATURE *Condominium Associates By Craig D. Caldwell VICE PRES* **2-23-98**
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 VPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCQUINN, GEORGE		1.2 NAME KAREN TAPPAN	
STREET ADDRESS 10033 9TH STREET NORTH		1.3 STREET ADDRESS 9533 86TH AVE. N	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP SEMINOLE, FL 33777	
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PARKER, JOHN SCOTT		2.2 NAME JACK WESTMORELAND	
STREET ADDRESS 10033 9TH STREET NORTH		2.3 STREET ADDRESS 9541 86TH AVE. N.	
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP SEMINOLE, FL 33777	
TITLE PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLARK, JIM		3.2 NAME MARY ANN HAMILTON	
STREET ADDRESS 10033 9TH STREET NORTH		3.3 STREET ADDRESS 9785 86TH AVE. N.	
CITY-ST-ZIP ST. PETERSBURG FL		3.4 CITY-ST-ZIP SEMINOLE, FL 33777	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GEIGER, CHARLES		4.2 NAME MAX BAKER	
STREET ADDRESS 10033 9TH STREET NORTH		4.3 STREET ADDRESS 9525 86TH AVE. N.	
CITY-ST-ZIP ST. PETERSBURG FL		4.4 CITY-ST-ZIP SEMINOLE, FL 33777	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BAYER, MARILYN		5.2 NAME RON BAYER	
STREET ADDRESS 10033 9TH STREET NORTH		5.3 STREET ADDRESS 9547 86TH AVE N.	
CITY-ST-ZIP ST. PETERSBURG FL		5.4 CITY-ST-ZIP SEMINOLE, FL 33777	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Max E. Baker* **TREASURER** **2-27-98** **(813) 573-9300**

CR2E037 (10/97)