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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731377

1. Corporation Name
TIMBERWOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O CONDOMINIUM ASSOCIATION 3001 EXECUTIVE DR #260 CLEARWATER FL 33762 US	Mailing Address 3001 EXECUTIVE DR #260 CLEARWATER FL 33762 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/13/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1581692
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DR, #260
 CLEARWATER FL 33762

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TAPPAN, KAREN	
STREET ADDRESS	9533 86TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WESTMORELAND, JACK	
STREET ADDRESS	9541 86TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, MARY ANN	
STREET ADDRESS	9785 86TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, MAX	
STREET ADDRESS	9525 86TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAYER, DON	
STREET ADDRESS	9547 86TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PECULSKI, LORRAINE	
1.3 STREET ADDRESS	9773 86TH AVE N	
1.4 CITY-ST-ZIP	SEMINOLE, FL. 33777	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRITON, LORE	
2.3 STREET ADDRESS	9715 86TH AVE N.	
2.4 CITY-ST-ZIP	SEMINOLE, FL. 33777	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HORMELL, JEAN	
3.3 STREET ADDRESS	9763 86TH AVE N.	
3.4 CITY-ST-ZIP	SEMINOLE, FL. 33777	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CALBRAITH, MICHAEL	
4.3 STREET ADDRESS	9783 86TH AVE N.	
4.4 CITY-ST-ZIP	SEMINOLE, FL. 33777	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BAYER, DON	
5.3 STREET ADDRESS	9547 86TH AVE. N.	
5.4 CITY-ST-ZIP	SEMINOLE, FL. 33777	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Donald T. Bayer **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)