

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731377

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1581692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR, #260  
CLEARWATER FL 33762

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME PECULSKI, LORRAINE  
STREET ADDRESS 9773 86 AVE N.  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME BRUTON, LORE  
STREET ADDRESS 9715 86 AVE N.  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME HORMELL, JEAN  
STREET ADDRESS 9763 86 AVE N.  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GALBRAITH, MICHAEL  
STREET ADDRESS 9783 86 AVE N.  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME ROOT, SUDIE  
STREET ADDRESS 9657 86TH AVE N  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*JEAN HORMELL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS

1-22-01

Date

Daytime Phone #

FILED  
Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90189 020 \*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)