

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 # 742892 (3)
1. Corporation Name

THE TIMBERS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 431 WAVERLY TALLAHASSEE FL 32312
Mailing Address: 431 WAVERLY TALLAHASSEE FL 32312

3. Date Incorporated or Qualified: 05/17/1978
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4	FEI Number	Applied For
	59-2027146	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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ISAACS, DAN L
431 WAVERLY
TALLAHASSEE FL 32312

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNNY JOHNSON	
STREET ADDRESS	2321 C MISSION ROAD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, JERRY	
STREET ADDRESS	2925 IVANHOE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CHERRY, GARY	
STREET ADDRESS	9036 MUIRFIELD COURT	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INGLE, ANN	
STREET ADDRESS	2311 MIRANDA	
CITY - ST - ZIP	TALLAHASSEE FL 32304	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, CHERYL	
STREET ADDRESS	793 TIMBERWOOD CIRCLE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARLETT, D AVID	
STREET ADDRESS	2220 TIMBERWOOD CIRCLE S	
CITY - ST - ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	C Cheryl Kirk
13 STREET ADDRESS	793 Timberwood Circle East
14 CITY - ST - ZIP	Tallahassee, FL 32304
21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Paul Harris
23 STREET ADDRESS	796 Timberwood Circle East
24 CITY - ST - ZIP	Tallahassee, FL 32304
31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Marianne Royals
33 STREET ADDRESS	2251-A Mission Road
34 CITY - ST - ZIP	Tallahassee, FL 32304
41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Ben Starrett
43 STREET ADDRESS	2265-B Mission Road
44 CITY - ST - ZIP	Tallahassee, FL 32304
51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Harriet Waas
53 STREET ADDRESS	3797 Sally Lane
54 CITY - ST - ZIP	Tallahassee, FL 32312
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

John Dan Kemp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 904-668-7993
Date Daytime Phone #

CR2E037 (12/95)