

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32312-2856
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3. Date Incorporated or Qualified 05/17/1978	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt #, etc	22. Mailing Address Suite, Apt #, etc.
23. City & State City & State	24. City & State City & State
25. Zip Country	26. Zip Country

4. FEI Number 59-2027146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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. City	84. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KIRK, CHERYL	
STREET ADDRESS	793 TIMBERWOOD CIRCLE EAST	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, PAUL	
STREET ADDRESS	796 TIMBERWOOD CIRCLE EAST	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CHERRY, GARY	
STREET ADDRESS	9036 MUIRFIELD COURT	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	INGLE, ANN	
STREET ADDRESS	2311 MIRANDA	
CITY - ST - ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAAS, HARRIE H.	
STREET ADDRESS	3797 SALLY LANE	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	D-VP	<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

1.1 TITLE	Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Heather Wallace	
1.3 STREET ADDRESS	2319-A Mission Road	
1.4 CITY - ST - ZIP	Tallahassee, FL 32304	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Walter Lowe	
2.3 STREET ADDRESS	2186 Timberwood Circle N.	
2.4 CITY - ST - ZIP	Tall FL 32304	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	T + D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Heather Wallace	
4.3 STREET ADDRESS	2319 A Mission Rd.	
4.4 CITY - ST - ZIP	Tall FL 32304	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Jane S. Cherry, Jr.* **JANE S. CHERRY, JR.** 4/8/97 **(904) 668-7993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000421

CR2E037 (9/96)