FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:22

DOCUMENT # N06313 (3)

1. Corporation Name

TIMBER RIDGE VILLAGE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SHOREWIND MANAGEMENT 333 17TH STREET, SUITE N VERO BEACH FL 32960	C/O SHOREWIND MANAGEMENT 333 17TH STREET, SUITE N VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1984
3a. Date of Last Report: 10/14/1994
4. FEI Number: 59-2646231 ☐ Applied For ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SARA REXFORD
% SHOREWIND MANAGEMENT
333 17TH ST., SUITE 2-R
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BALCH, KAREN	1.2 NAME	Burton, George	
STREET ADDRESS	725 A TIMBER RIDGE TRAIL	1.3 STREET ADDRESS	738 Timber Ridge Trail	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, Fl 32962	
TITLE	VPS	2.1 TITLE	VTD	☒ Change ☐ Addition
NAME	BURTON, GEORGE	2.2 NAME	Cook, Adele	
STREET ADDRESS	738 TIMBER RIDGE TRAIL	2.3 STREET ADDRESS	744-B Timber Ridge Trail	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, Fl. 32962	
TITLE	T	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	SKINNIDER, JACK	3.2 NAME	Gallo, Toni	
STREET ADDRESS	731-D TIMBER RIDGE TRAIL	3.3 STREET ADDRESS	727-C Timber Ridge Trail	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	Vero Beach, Fl. 32962	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	COX, CLAYTON	4.2 NAME	Sangalli, Tony	
STREET ADDRESS	731-A TIMBER RIDGE TRAIL	4.3 STREET ADDRESS	727-D Timber Ridge Trail	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	Vero Beach, Fl. 32962	
TITLE	D	5.1 TITLE		☐ Change ☒ Addition
NAME	HELLER, JEANETTE	5.2 NAME		
STREET ADDRESS	742-A TIMBER RIDGE TRAIL	5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	32962	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: George Burton 3/20/95 (407) 569-3372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #