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 # 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 W 2-R VERO BEACH FL 32960	C/O SHOREWIND MANAGEMENT 333 17TH STREET, SUITE W 2-R VERO BEACH FL 32960

3. Date Incorporated or Qualified: 11/26/1984	3a. Date of Last Report: 03/24/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BURTON, GEORGE		1.2 NAME		
STREET ADDRESS	738 TIMBER RIDGE TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COOK, ADELE		2.2 NAME		
STREET ADDRESS	744-B TIMBER RIDGE TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	GALLO, TONI		3.2 NAME	BALCH, KAREN	
STREET ADDRESS	727-C TIMBER RIDGE TRAIL		3.3 STREET ADDRESS	725-B Timber Ridge Trail	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	Vero Beach, Fl.	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SANGALLI, TONY		4.2 NAME	Bobby Andrew	
STREET ADDRESS	727-D TIMBER RIDGE TRAIL		4.3 STREET ADDRESS	744-A Timber Ridge Trail	
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP	Vero Beach, Fl.	
TITLE	D	☐ DELETE	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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: George Balch 2-28-96 407-569-3272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #