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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 11/26/1984

4. FEI Number: 59-2646231 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 C/O Village Properties	26 C/O Village Properties
Suite, Apt. #, etc. 22 4445 AIA, Suite 250	Suite, Apt. #, etc. 27 4445 AIA, Suite 250
City & State 23 Vero Beach, FL	City & State 28 Vero Beach, FL
Zip 24 32963 Country 25 USA	Zip 29 32963 Country 30 USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SARA REXFORD % SHOREWIND MANAGEMENT 333 17TH ST., SUITE 2-R VERO BEACH FL 32960	81 Name: Edward D. Dannen % Village Properties USA, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 4445 AIA, Suite 250 83 84 City: Vero Beach FL 85 Zip Code: 32963

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: Edward D. Dannen DATE: 5/1/98
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	SD	☒ DELETE	1.1 TITLE	President PD	☐ Change ☒ Addition
NAME	BURTON, GEORGE		1.2 NAME	Collins, Phil	
STREET ADDRESS	738 TIMBER RIDGE TRAIL		1.3 STREET ADDRESS	723 Timber Ridge Trail	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	Vero Beach, FL 32962	
TITLE	PD	☒ DELETE	2.1 TITLE	Vice President VPD	☐ Change ☒ Addition
NAME	COOK, ADELLA		2.2 NAME	Moser, Bill	
STREET ADDRESS	744-B TIMBER RIDGE TRAIL		2.3 STREET ADDRESS	744B Timber Ridge Trail	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	Vero Beach, FL 32962	
TITLE	VTD	☒ DELETE	3.1 TITLE	Secretary S)	☐ Change ☒ Addition
NAME	BALCH, KAREN		3.2 NAME	Lewis, Barbara	
STREET ADDRESS	725-B TIMBER RIDGE TRAIL		3.3 STREET ADDRESS	739A Timber Ridge Trail	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	Vero Beach FL 32962	
TITLE	D	☒ DELETE	4.1 TITLE	Treasurer TD	☐ Change ☒ Addition
NAME	CHOCCIO, MARCO		4.2 NAME	Skinnider, Jack	
STREET ADDRESS	723-B TIMBER RIDGE TRAIL		4.3 STREET ADDRESS	731D Timber Ridge Trail	
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP	Vero Beach, FL 32962	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WALTON, JR T		5.2 NAME		
STREET ADDRESS	733-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 (10/97)

14. 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 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: Philip C. Collins 4/16/98 (561)234-9935