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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06313

1. Corporation Name
TIMBER RIDGE VILLAGE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O VILLAGE PROPORTIES 4445 A1A. SUITE 250 VERO BEACH FL 32960 US	C/O VILLAGE PROPERTIES 4445 A1A. SUITE 250 VERO BEACH FL 32960 US

2. Principal Place of Business 21	2a. Mailing Address 26 CAMCO	3. Date Incorporated or Qualifed 11/26/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 4445 N. A-1-A Suite 150A	4. FEI Number 59-2646231 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 VERO Beach, Fl	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32963 Country 30 INDIAN River	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DONNER, EDWARD D
% VILLAGE PROPERTIES USA, INC
4445 A1A, SUITE 250
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name PAUL PALISTRINI
82 Street Address (P.O. Box Number is Not Acceptable) % CAMCO SERVICES, INC
83 4445 N. A-1-A, Suite 150A
84 City Vero Beach, Fl **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 Paul Palistrini 6/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, PHIL		1.2 NAME		
STREET ADDRESS	723 TIMBER RIDGE TRL		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOSER, BILL		2.2 NAME		
STREET ADDRESS	7428 TIMBER RIDGE TRL		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, BARBARA		3.2 NAME		
STREET ADDRESS	739-A TIMBER RIDGE TRL		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SKINNIDER, JACK		4.2 NAME		
STREET ADDRESS	731-D TIMBER RIDGE TRL		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 6-3-99 561-234-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #