

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90064 011 ****61.25

DOCUMENT # N 06313

1. Entity Name Timber Ridge Village I ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Schlitt Property Mgmt
Suite, Apt. #, etc.

3. Mailing Address
2027 Indian River Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Vero Beach, FL
Zip
32960
Country
U.S.A.

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Vero Beach FL
Zip
32960
Country
U.S.A.

4. FEI Number
59264231

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Schlitt Property Management
Street Address (P.O. Box Number is Not Acceptable)
2027 Indian River Blvd.
City
Vero Beach FL Zip Code
32960

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Lendsey Commeyford
(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent fee is required when registering.)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
President
George E. Burton
733 Timber Ridge Trail
Vero Beach, FL 32962

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Vice President
Tom Balch
735-A Timber Ridge Trail
Vero Beach FL 32962

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Secretary
Mary Blenhard
723-B Timber Ridge Trail
Vero Beach FL 32962

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Treasurer
Bob Zehner
723-A Timber Ridge Trail
Vero Beach, FL 32962

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Director
Peter Graham
737-C Timber Ridge Trail
Vero Beach, FL 32962

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IN THIS SPACE**

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address and all other like empowered.

SIGNATURE: Thomas E. Balch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
DATE

Signature Required