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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 6:01

DOCUMENT # **N20350 (7)**

1. Corporation Name
TIMBERLANE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

P.O. BOX 126 BEVERLY HILLS FL 34465 US

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/27/1987** 3a. Date of Last Report **04/12/1994**

4. FEI Number **59-2794275** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 29 Country

9. Name and Address of Current Registered Agent

ALLENSWORTH, TIM
1197 N. CARNEVALE TERRACE
LECANTO FL 34461

10. Name and Address of New Registered Agent

81 Name **JAMES MISCIAGNO**

82 Street Address (P.O. Box Number is Not Acceptable)
2828 W. ANTIOCH LN.

83 **FL**

84 City **LECANTO** 85 Zip Code **34461**

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 **JAMES MISCIAGNO** *James Misciagno* **TREASURER 3-7-95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE **VP**
NAME **EISEN, SYLVIA**
STREET ADDRESS **1118 N. LOMBARDO AVE.**
CITY-ST-ZIP **LECANTO FL**

TITLE **VP**
NAME **ALLENSWORTH, TIM**
STREET ADDRESS **1197 N. CARNEVALE TERRACE**
CITY-ST-ZIP **LECANTO FL 34461**

TITLE **VP**
NAME **BARTER, JIM**
STREET ADDRESS **2838 W. EXPRESS LANE**
CITY-ST-ZIP **LECANTO FL 34461**

TITLE **TD**
NAME **MISCIAGNO, JAMES**
STREET ADDRESS **2828 W. ANTIOCH LANE**
CITY-ST-ZIP **LECANTO FL 34461**

TITLE **DS**
NAME **BENTLEY, AL**
STREET ADDRESS **2828 LAUREEN ST.**
CITY-ST-ZIP **LECANTO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **PRES - D** Change Addition

2.2 NAME **BRUCE WOODRUFF**

2.3 STREET ADDRESS **1849 N. PROSPECT AVE**

2.4 CITY-ST-ZIP **LECANTO FL 34461**

3.1 TITLE **VP - D** Change Addition

3.2 NAME **TOM REIKER**

3.3 STREET ADDRESS **1711 N. PROSPECT AVE**

3.4 CITY-ST-ZIP **LECANTO FL 34461**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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: *James Misciagno* **JAMES MISCIAGNO 3-7-95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date **904-746-1308**