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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N20350 (7)

1. Corporation Name

TIMBERLANE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 126
BEVERLY HILLS FL 34465
US

Mailing Address

P.O. BOX 126
BEVERLY HILLS FL 34465
US



2. Principal Place of Business

21 P O Box 305
Suite, Apt. #, etc.
22 BEVERLY HILLS
City & State
23 FLORIDA
Zip Country
24 34465 25 US

2a. Mailing Address

26 P O Box 305
Suite, Apt. #, etc.
27 BEVERLY HILLS, FL
City & State
28 34465
Zip Country
29 US 30 US

3. Date Incorporated or Qualified
04/27/1987

3a. Date of Last Report
04/16/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EISEN, SYLVIA
1118 N. LOMBARDO
LECANTO FL 34461

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	EISEN, SYLVIA	
STREET ADDRESS	1118 N. LOMBARDO AVE.	
CITY-ST-ZIP	LECANTO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIEKER, TOM	
STREET ADDRESS	1711 N PRESPECT AVE	
CITY-ST-ZIP	LECANTO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HABERKORN, PAMELA	
STREET ADDRESS	2858 W ANTIOCH LN	
CITY-ST-ZIP	LECANTO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KREIDER, JOHN	
STREET ADDRESS	1769 N PROSPECT	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	S	<input type="checkbox"/> DELETE
NAME	UHLIN, DIANE	
STREET ADDRESS	1120 N GREENTREE	
CITY-ST-ZIP	LECANTO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAPHAEL, RAY	
STREET ADDRESS	1115 N CARNIVAL TERR	
CITY-ST-ZIP	LECANTO FL 34461	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	SAME
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESTON, JOHN
2.3 STREET ADDRESS	1769 N. PROSPECT
2.4 CITY-ST-ZIP	LECANTO, FL 34461
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEONE, ROSE
3.3 STREET ADDRESS	1165 N. BLOAN TWR.
3.4 CITY-ST-ZIP	LECANTO, FL 34461
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V.D. RIEKER, TOM
4.3 STREET ADDRESS	1711 N. PROSPECT
4.4 CITY-ST-ZIP	LECANTO, FL 34461
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAME
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)