

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20350 (7)

1. Corporation Name
TIMBERLANE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business PO BOX 305 BEVERLY HILLS FL 34465 US	Mailing Address PO BOX 305 BEVERLY HILLS FL 34465 US
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3. Date Incorporated or Qualified
04/27/1987

4. FEI Number
59-2794275

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISEN, SYLVIA	1.2 NAME	
STREET ADDRESS	1118 N LOMBARDO AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREIDLER, JOHN	2.2 NAME	PD
STREET ADDRESS	1769 N PROSPECT	2.3 STREET ADDRESS	RIEKER, THOMAS H.
CITY-ST-ZIP	LECANTO FL	2.4 CITY-ST-ZIP	1711 N. PROSPECT AVE
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, ROSE	3.2 NAME	
STREET ADDRESS	1165 N SLOAN TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIEKER, TOM	4.2 NAME	VD
STREET ADDRESS	1711 N PROSPECT	4.3 STREET ADDRESS	PAMELA HABERKORN
CITY-ST-ZIP	LECANTO FL	4.4 CITY-ST-ZIP	2658 W. ANTIPOCH LN
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UHLEIN, DIANE	5.2 NAME	
STREET ADDRESS	1120 N GREENTREE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPHAEL, RAY	6.2 NAME	
STREET ADDRESS	1115 N CARNIVAL TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34461	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	RIEKER, THOMAS H.
2.4 CITY-ST-ZIP	1711 N. PROSPECT AVE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	PAMELA HABERKORN
4.4 CITY-ST-ZIP	2658 W. ANTIPOCH LN
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Thomas H. Rieker* **SIGNATURE: THOMAS H. RIEKER** *President/Director* **4/8/98** **(352) 746-1649**

CR2E037 (10/97)