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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20350

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/27/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number - 59-2794275
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

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 **BARBARA J. HARMON**
 82 Street Address (P.O. Box Number is Not Acceptable)
1178 N. GREENTREE TER
 83
 84 City **LECANTO** FL 85 Zip Code **34461**

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 **BARBARA J. HARMON TREASURER** *Barbara J Harmon* **2-22-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	EISEN, SYLVIA	
STREET ADDRESS	1118 N LOMBARDO AVE	
CITY-ST-ZIP	LECANTO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HABERKORN, PAMELA	
STREET ADDRESS	2658 W ANTLOCH LN	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEONE, ROSE	
STREET ADDRESS	1165 N SLOAN TERR	
CITY-ST-ZIP	LECANTO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIEKER, THOMAS H	
STREET ADDRESS	1711 N PROSPECT	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	S	<input type="checkbox"/> DELETE
NAME	UIHLEIN, 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	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARBARA J. HARMON	
1.3 STREET ADDRESS	1178 N. GREENTREE TER	
1.4 CITY-ST-ZIP	LECANTO FLA 34461	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES McARTHUR	
2.3 STREET ADDRESS	1574 W. LOMBARDO AVE	
2.4 CITY-ST-ZIP	LECANTO FLA 34461	
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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)(l), 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: **Barbara J. Harmon** *Barbara J Harmon* **2-22-99** **(352) 527-8085**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)