

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 26, 2000 8:00 am
Secretary of State

04-12-2000 90168 008 ****61.25

DOCUMENT # N20350

1. Entity Name

TIMBERLANE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business PO BOX 306-640-305 BEVERLY HILLS FL 34465 US	Mailing Address PO BOX 305 640-305 BEVERLY HILLS FL 34465 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. P.O. Box 640-305	Suite, Apt. #, etc. P.O. Box 640-305
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City & State City & State

Zip	Country	Zip	Country
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4. FEI Number **59-2794275** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMON, BARBARA J
1178 N GREENTREE TERR
LECANTO FL 34461

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	HARMON, BARBARA J	
STREET ADDRESS	1178 N GREENTREE TERR	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	FV	<input type="checkbox"/> Delete
NAME	MCCARTHY, JAMES	
STREET ADDRESS	1574 N LOMBARDO AVE	
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 checked="" type="checkbox"/> Delete
NAME	RIEKER, THOMAS H	
STREET ADDRESS	1711 N PROSPECT	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	S	<input checked="" 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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCarthy, James	
STREET ADDRESS	1574 N. Lombardo Ave	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	LEONE ROSE	
CITY-ST-ZIP	1165 N. Sloan Ter	
	LECANTO FLA	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	KEN DANIELS	
CITY-ST-ZIP	1390 N. LOMBARDO AVE	
	LECANTO FLA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J HARMON Date: 4-10-00 Daytime Phone #: (352) 527-8085

CR2E037 (9/99)