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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:20

DOCUMENT # N27622 (2)

1. Corporation Name

TIMBERLINE ESTATES, PHASE III HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O DORIS A BRUNER 2243 WOODLAWN CR MELBOURNE FL 32934 US	C/O DORIS A. BRUNER 2243 WOODLAWN CR MELBOURNE FL 32934 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1988
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2933309 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VANASELJA, ELMAR
2225 WOODLAWN CIRCLE
MELBOURNE FL 32934

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	NANASELJA, SELMAR	1.2 NAME	VANASELJA, ELMAR	Correction to spelling error
STREET ADDRESS	2225 WOODLAWN CR	1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	CORNMAN, NANCY	2.2 NAME	CORNMAN, BILL	
STREET ADDRESS	2267 WOODLAWN CR	2.3 STREET ADDRESS	2267 WOODLAWN CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	BRUNER, DORIS A	3.2 NAME		
STREET ADDRESS	2243 WOODLAWN CR	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Doris A. Bruner DORIS A BRUNER 22 FEB 95 407-984-1249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038010