


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90013 015 ****61.25

| | | | | | |
|---|----------------------|--|---|--|----|
| DOCUMENT # N27622 1. Entity Name TIMBERLINE ESTATES, PHASE III HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business C/O ELMAR VANASELIA 2225 WOODLAWN CIR MELBOURNE, FL 32934 US | | | Mailing Address C/O DON SAUNDERS 2282 WOODLAWN CIR MELBOURNE, FL 32934 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2933309 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SAUNDERS, DON 2282 WOODLAWN CIRCLE MELBOURNE, FL 32934 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u><i>Don Saunders</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>1-6-2004</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | PD |
| NAME | BURQUEURER, BRENDA | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | 2218 WOODLAWN CIR | | BURQUEURER, BRENDA | | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | | 2218 WOODLAWN CIRCLE Melbourne, FL 32934 | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | |
| NAME | EYSTER, HANK | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | 2251 WOODLAWN CIRCLE | | | | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | | | | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | |
| NAME | SAUNDERS, ALFRED | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | 2282 WOODLAWN CIR | | | | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u><i>Don Saunders</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>1-6-2004</u> Daytime Phone # <u>321-259-9565</u> | |