2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N27622 1. Entity Name TIMBERLINE ESTATES, PHASE III HOMEOWNERS ASSOCIATION, INC.								01-13-2	2004 90	013 0	15 ****6	1.25	
Principal Place of Business Mailing Address C/O ELMAR VANASELIA C/O DON SAUNDERS 2225 WOODLAWN CIR 2282 WOODLAWN CIR MELBOURNE, FL 32934 US MELBOURNE, FL 32934 US							 11811 16818 81118						
2. Principal Place of Business			3. Mail	3. Mailing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01062004	Chg-NP	c	R2E03	7 (10/03)	
City & State			City	City & State				4. FEI Number					
Zip Country			Zip	Zip Ca				5. Certificate of Status Desired					
	6. Name	and Address of Current	Registere	d Agent				7. Name and	Address of	New Regis	stered A	gent	
						Name							
SAUNDERS, DON 2282 WOODLAWN CIRCLE MELBOURNE, FL 32934						Street A	Address (F	P.O. Box Numbe	r is Not Acce	eptable)			
	, , 0												
City										FL	Zip Code) 	
	named entity tions of regist	y submits this statement fi tered agent.	or the purp	ose of changing its	register	ed office o	r register	ed agent, or bot	n, in the State	e of Florida	a. I am fa	amiliar with,	and accept
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SIGNATURE		an Sauce ar printed name of registered agen	dus it and title if app	icable. (NOTE	: Registere	d Agent signar	ture required	when reinstating)		l -	C ~ :	2004	,
SIGNATURE	Signature, typed	e is \$61.25	dus t and title if app	9. Election Can	npaign F	inancing		\$5.00 May B	B	Make	DATE check	payable to	
	Signature, typed	e is \$61.25 Nay 1, 2004		9. Election Can	npaign F Contribut	inancing		\$5.00 May B Added to Fees		Make Florida	check Depart	payable to	ate
10.	Filing Fe	e is \$61.25		9. Election Can Trust Fund C	npaign F Contribut	inancing		\$5.00 May B		Make Florida	check Depart	payable to	10
10.	Filing Fe Due by M	oe is \$61.25 May 1, 2004 OFFICERS AND D		9. Election Can	npaign F Contribut	Financing tion.		\$5.00 May B Added to Fees	NGES TO C	Make Florida FFICERS	check Depart	payable to	ate
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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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Depting Prons #