

FILE NOW: FILING FEE IS \$61.25

FILED

Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N37208
1. Corporation Name
Timber Trace Homeowners Association, Inc.

400002608544
-08/05/98--01093--044
***61.25

Principal Place of Business Mailing Address
**P. O. Box 906
New Smyrna Beach, Florida 32170**

3. Date Incorporated or Qualified
3/22/90

4. FEI Number 59-2999239	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business 21 New Smyrna Beach	2a. Mailing Address 26 P. O. Box 906
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 New Smyrna Beach, Fl	City & State 28 New Smyrna Beach, Fl
Zip 24 32168	Country 25 Volusia
Zip 29 32170	Country 30 Volusia

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name William N. Gambert, Esquire
82 Street Address (P.O. Box Number is Not Acceptable) 101 E. Yelkca Terrace, Suite B
83
84 City Edgewater
85 Zip Code FL 32132

I, 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 617.0603, Florida Statutes.

SIGNATURE *William N. Gambert* (NOTE: Registered Agent signature required when reinstating) DATE **7/29/98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Dipak D. Jobalia 846 Riverside Dr. Ormond Beach, Fl 32176 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Ron Turco 846 Riverside Dr. Ormond Beach, Fl 32176 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Mary Ann Murray 846 Riverside Dr. Ormond Beach, Fl. 32176 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P/D Richard Dion 1357 Wayne Ave New Smyrna Beach, Fl 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	V/P/D Ruth Stanieich 615 Middlebury Loop New Smyrna Beach, Fl 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	V/P Nancy McSweeney 692 Middlebury Loop New Smyrna Beach, Fl. 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	T/D Morley Pearce 653 Middlebury Loop New Smyrna Beach, Fl 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	S Rosemarie Frutchey 631 Middlebury Loop New Smyrna Beach, Fl 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	DELETED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. 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 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: *Rosemarie Frutchey* **Rosemarie Frutchey** **6/8/98** **904-424-9994**

CR2E037 (10/97)