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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # A194 705
 1. Corporation Name
 TIMBER GREENS COMMUNITY ASSOCIATION, INC.
N94000000705

Principal Place of Business and Mailing Address
 SUITE 300, 3740 BEACH BOULEVARD
 JACKSONVILLE, FLORIDA 32207

3. Date Incorporated or Qualified
 February 3, 1994

4. FEI Number
 59-3238342

Applied For
 Not Applicable

21. Principal Place of Business 6333 TIMBER GREENS BLVD. Suite, Apt. #, etc. City & State NEW PORT RICHEY, FL Zip 34655	2a. Mailing Address 6333 TIMBER GREENS BLVD. Suite, Apt. #, etc. City & State NEW PORT RICHEY, FL Zip 4655	25. Country USA	30. Country USA
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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 K. YORK

82 Street Address (P.O. Box Number is Not Acceptable)
 9616 OAKWOOD HILLS COURT

83

84 City
 NEW PORT RICHEY, FL

85 Zip Code
 34655

11. 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 617.0503, Florida Statutes.

SIGNATURE William K. York WILLIAM K. YORK, PRESIDENT MARCH 30, 1998
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D WILLIAM K. YORK 9616 OAKWOOD HILLS COURT NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/D WILLIAM DENEEN 9301 CLEARMEADOW LANE NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S/D ILENE PEPPER 9738 OAKWOOD HILLS COURT NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D ARTHUR LUCIER 5930 PECIOUS VIEW COURT NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D LINDA FERNANDES 9723 OAKWOOD HILLS COURT NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	T ROBERT KAMMERER 6547 PINE HAVEN DRIVE NEW PORT RICHEY, FL 34655	<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 in an attachment with an address.

SIGNATURE: William K. York WILLIAM K. YORK MARCH 30, 1998 813-372-2262
Signature, typed or printed name of signing officer or director. Date.

CR2E037 (10/97)

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