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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000000705

1. Corporation Name

TIMBER GREENS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

6333 TIMBER GREENS BLVD.
 NEW PORT RICHEY FL 34855
 US

Mailing Address

6333 TIMBER GREENS BLVD.
 NEW PORT RICHEY FL 34855
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

02/03/1994

4. FEI Number

59-3238342

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

YORK, WILLIAM K
 9616 OAKWOOD HILLS COURT
 NEW PORT RICHEY FL 34855

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 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

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	PD	<input type="checkbox"/> DELETE
NAME	YORK, WILLIAM K	
STREET ADDRESS	9616 OAKWOOD HILLS COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DENEEN, WILLIAM	
STREET ADDRESS	9301 CLEARMEADOW LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PEPER, ILENE	
STREET ADDRESS	9738 OAKWOOD HILLS COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUCIER, ARTHUR	
STREET ADDRESS	5930 PECIOUS VIEW COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDES, LINDA	
STREET ADDRESS	9723 OAKWOOD HILLS COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KAMMERAIT, ROBERT	
STREET ADDRESS	6547 PINE WALK DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SILVA, ROBERT T.
3.3 STREET ADDRESS	9707 BROOKDALE DR.
3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655
4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LENA T. GLOSHINSKI
4.3 STREET ADDRESS	9413 SUMMERBREEZE TERR.
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GILBERT E. JONES
5.3 STREET ADDRESS	9525 SPRINGMEADOW DR.
5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/10/99

(727) 372-8633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/198)