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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005086 (2)

1. Corporation Name

TIMBERLIN PARC HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9250 BAYMEADOWS ROAD STE 200 JACKSONVILLE FL 32256

9250 BAYMEADOWS ROAD STE 200 JACKSONVILLE FL 32256-1806

3. Date Incorporated or Qualified 10/23/1995

3a. Date of Last Report 03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 4314 PABLO OAKS COURT
Suite, Apt. #, etc.

26 4314 PABLO OAKS COURT
Suite, Apt. #, etc.

4. FEI Number 59-3355769

Applied For Not Applicable

22 City & State JACKSONVILLE, FL

27 City & State JACKSONVILLE, FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 32224 Country

28 Zip 32224 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBOUR, GREGORY J
9250 BAYMEADOWS ROAD STE 200
JACKSONVILLE FL 32258

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4314 PABLO OAKS COURT

83

84 City JACKSONVILLE

FL

85 Zip Code 32224

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BARBOUR, GREGORY J
STREET ADDRESS 9250 BAYMEADOWS ROAD STE 200
CITY-ST-ZIP JACKSONVILLE FL 32258 DELETE

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 4314 PABLO OAKS COURT
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VD
NAME OWEN, LAUREN L
STREET ADDRESS 9250 BAYMEADOWS ROAD STE 200
CITY-ST-ZIP JACKSONVILLE FL 32258 DELETE

2.1 TITLE Change Addition
2.2 NAME OWEN, LAUREN L.
2.3 STREET ADDRESS 4314 PABLO OAKS COURT
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE STD
NAME PEDERSON, TANYA
STREET ADDRESS 9250 BAYMEADOWS ROAD STE 200
CITY-ST-ZIP JACKSONVILLE FL 32258 DELETE

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 4314 PABLO OAKS COURT
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE DELETE

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY J. BARBOUR 2/18/97

904-363-1604

Date

Daytime Phone # 0006837

CR2E037 (9/96)