FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **724638** **(2)**

1. Corporation Name

TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION,SECTI ON TWO, INC.

Principal Place of Business	Mailing Address
4250 GREENPOCKET LANE ORLANDO FL 32839-1008	4250 GREENPOCKET LANE ORLANDO FL 32839-1008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1629556 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

PLATIN, MAGDALENA
4250 GREENPOCKET LANE
ORLANDO FL 32809

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	D	☒ Change ☐ Addition
NAME	FOSTER, ELOISE	12 NAME	ALLIE A. JENKINS	
STREET ADDRESS	4259 INGLENOOK LANE	13 STREET ADDRESS	2549 LODGEWOOD LN	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	PD	21 TITLE	D	☒ Change ☐ Addition
NAME	INGIER, NEIL	22 NAME	THEODORE KOWDRYSH	
STREET ADDRESS	2571 BARKWATER DRIVE	23 STREET ADDRESS	2637 BARKWATER DR	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HAGAR, FRED	32 NAME		
STREET ADDRESS	2587 BARKWATER DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	D	☒ Change ☐ Addition
NAME		42 NAME	RENATE BRAUMULLER	
STREET ADDRESS		43 STREET ADDRESS	4249 TYMBERWOOD LN	
CITY-ST-ZIP		44 CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE		51 TITLE	D	☒ Change ☐ Addition
NAME		52 NAME	ANTHONY JOHNSON	
STREET ADDRESS		53 STREET ADDRESS	2661 BARKWATER DR.	
CITY-ST-ZIP		54 CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE		61 TITLE	D	☒ Change ☐ Addition
NAME		62 NAME	ANTHONY BERGALOWSKI	
STREET ADDRESS		63 STREET ADDRESS	4119 WINDCROSS LN	
CITY-ST-ZIP		64 CITY-ST-ZIP	ORLANDO, FL 32839	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4/27/95 407- 423 4843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

FRED HAGAR Director

0034735