

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



3. Date Incorporated or Qualified

10/24/1972

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PLATIN, MAGDALENA
4250 GREENPOCKET LANE
ORLANDO FL 32809**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **ALLIE A. JENKINS**
STREET ADDRESS **2549 LODGEWOOD LN**
CITY-STATE-ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE

NAME **THEODORE KOWDRYSH**
STREET ADDRESS **2637 BARKWATER DR**
CITY-STATE-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE

NAME **HAGAR, FRED**
STREET ADDRESS **2587 BARKWATER DRIVE**
CITY-STATE-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE

NAME **RENATE BRAUMULLER**
STREET ADDRESS **4249 TYMBERWOOD LN**
CITY-STATE-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE

NAME **ANTHONY BERGALOWSKI**
STREET ADDRESS **4119 WINDCROSS LN**
CITY-STATE-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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.

FRED HAGAR

SIGNATURE:

Fred Hagar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR APRIL 24th, 1996 407- 423 4843

Date

Daytime Phone #

CR2E037 (12/95)