SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $230.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # 730076 (7)

1. Corporation Name

TYMBER SKAN ON THE LAKE HOMEOWNERS' ASSOCIATION, 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: 06/27/1974

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. Is this nonprofit corporation a homeowners association? [X] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. **Name and Address of Current Registered Agent**

PLATIN, MAGDALENA
4250 GREENPOCKET LANE
ORLANDO FL ~~32809~~ 32839

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	BATTLE, CHARLIE		1.2 NAME	
STREET ADDRESS	2541 LODGEWOOD LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	TIEDEMAN, KENNETH		2.2 NAME	
STREET ADDRESS	TYMBERWOOD LN		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	VP	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	JENKINS, ALLIE A		3.2 NAME	
STREET ADDRESS	2549 LODGEWOOD LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	MARTINEZ, NEPHTALI		4.2 NAME	
STREET ADDRESS	1025 S SEMORAN BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTE PARK FL		4.4 CITY-ST-ZIP	
TITLE	T	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	TELLEZ, NOHEMI		5.2 NAME	
STREET ADDRESS	4288 GREENPOCKET LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	AUGUSTINE, DENNIS		6.2 NAME	
STREET ADDRESS	2632 SKAN CT		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	

CR2E037 (5/98)

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.

SIGNATURE: Charlie Battle Charlie Battle 9/28/98 (407) 423-4843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #