

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90132 041 ****61.25

0055499

DOCUMENT # N15607

1. Corporation Name

TIMBERLINE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD. SUITE 110
LARGO FL 33770
US

Mailing Address

C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD. SUITE 110
LARGO FL 33770
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/25/1986

4. FEI Number

59-2847376

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

9. Name and Address of Current Registered Agent

INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD STE 110
LARGO FL 33770

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 617.1506, 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 ☒ DELETE

NAME ROFFEY, DIANE
STREET ADDRESS 1952 ELAINE DR
CITY-ST-ZIP CLEARWATER FL 33760

TITLE VD ☒ DELETE

NAME DOTY, ROGER
STREET ADDRESS 1940 ELAINE DRIVE
CITY-ST-ZIP CLEARWATER FL

TITLE STD ☒ DELETE

NAME KESSINGER, SHARON
STREET ADDRESS 1902 ELAINE DR
CITY-ST-ZIP CLEARWATER FL 33760

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D ☐ Change ☒ Addition

1.2 NAME MAHONEY, LARRY M.
1.3 STREET ADDRESS 1904 ELAINE DR.
1.4 CITY-ST-ZIP CLEARWATER, FL 33760

2.1 TITLE S/D ☐ Change ☒ Addition

2.2 NAME MODINGER, JAN
2.3 STREET ADDRESS 1908 ELAINE DR.
2.4 CITY-ST-ZIP CLEARWATER, FL 33760

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME WHEATLEY, DENISE
3.3 STREET ADDRESS 1900 ELAINE DR.
3.4 CITY-ST-ZIP CLEARWATER, FL 33760

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Jan Modinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan Modinger

Date

Daytime Phone #

CRZE037 (1/98)