

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723806

1. Entity Name

TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION, SECT

Principal Place of Business

4041 TYMBERWOOD LN.  
ORLANDO FL 32839  
US

Mailing Address

4041 TYMBERWOOD LANE  
ORLANDO FL 32839-1021  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1416215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.  
C/O JOHN CHRISTENSEN, ESQ.  
500 WINDERLEY PLACE, SUITE 104  
MAITLAND FL 32839

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME VANIS, R. T  
STREET ADDRESS 7640 CLUBHOUSE ESTATES DR.  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME VAZQUEZ, JOSE  
STREET ADDRESS 316 51 STREET  
CITY-ST-ZIP BROOKLYN NY

TITLE S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME SCALES, JOHN C  
STREET ADDRESS 640 OAKVIEW ST  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HAAS, FREDRICK C  
STREET ADDRESS 6092 PERGRINE AVE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☒ Delete  
NAME LARGER, JOHN  
STREET ADDRESS 5136 CR 478  
CITY-ST-ZIP WEBSTER FL

TITLE T ☐ Change ☒ Addition  
NAME TENDLER CINDY  
STREET ADDRESS 2917 Timberlake Dr.  
CITY-ST-ZIP Orlando, FL 32806

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME RADICE EUGENE  
STREET ADDRESS 2273 Blue Sapphire Circle  
CITY-ST-ZIP Orlando, FL 32837

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CINDY TENDLER, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

#723806  
7/9/39

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Tymberskan on the Lake Owners Association Section One, Inc.

D  
Ron Albright  
1932 Palm Vista Dr  
Apopka, Fl 32712