

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90228 011 \*\*\*\*61.25

**DOCUMENT # 723806**

1. Entity Name

**TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION,  
SECTION ONE, INC.**



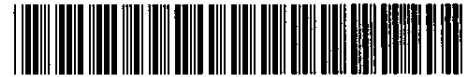
Principal Place of Business

2650 SKAN CRT  
ORLANDO FL 32839  
US

Mailing Address

2650 SKAN CRT  
ORLANDO FL 32839  
US

03071040



MOORE CR2E037 (11/03)

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

UNCAPHER, KENNETH R ESQ.  
TUKDARIAN & UNCAHER, P.A.  
228 HILLCREST STREET  
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	SHONTERE, RICHARD	
STREET ADDRESS	1427 E HILLSBORO BV 229	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VAZQUEZ, JOSE	
STREET ADDRESS	4618 GREEN GLEN CT	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DESSELLE, EILEEN	
STREET ADDRESS	869 SPANISH DRIVE NORTH	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TENDLER, CINDY	
STREET ADDRESS	869 SPANISH DRIVE NORTH	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	P	<input type="checkbox"/> Delete
NAME	RADICE, EUGENE	
STREET ADDRESS	2273 BLUE SAPPHIRE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3410 GALT OCEAN DR #1802N	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURLEY, JAMES	
STREET ADDRESS	3085 FLORAL WAY E	
CITY-ST-ZIP	APOLKA, FL 32703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLER, ROD	
STREET ADDRESS	208 MARENGO AVE.	
CITY-ST-ZIP	FOREST PARK, IL 60130-1601	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLING, MARSHA	
STREET ADDRESS	9610 SARAGOSSA ST.	
CITY-ST-ZIP	CLERMONT, FL 34711	

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:** *Jose Vazquez* **VICE PRESIDENT** *Jose Vazquez* **4/26/04** **407 841-6999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #