

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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90678 039 ****61.25

DOCUMENT # 705757

1. Entity Name

TIMBERLANE ASSOCIATION, INC.



Principal Place of Business

**5618 LAKESIDE DR
LAKE WALES FL 33853**

Mailing Address

**5618 LAKESIDE DR
LAKE WALES FL 33853**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1089201

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

**PETTUS, D CURREY
5618 LAKESIDE DR
LAKE WALES FL 33898**

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
PETTUS, CURREY
5618 LAKESIDE DR
LAKE WALES FL 33898**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
HECKLER, DAVE
5306 LAKESIDE DR
LAKE WALES FL 33898**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
VAN RYN, NAN
5354 TIMBERLANE RD
LAKE WALES FL 33898**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VPD
MAULDIN, BENNIE
5500 LAKESIDE DR.
LAKE WALES FL 33898**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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NAME
STREET ADDRESS
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**VPD
BULTON, GWEN
5637 MOONRISE LANE
LAKE WALES, FL 33893**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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 information empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04
Date

863-439-5590
Daytime Phone #