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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723806 (6)

1. Corporation Name

TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION, SECT
ION ONE, INC.

Principal Place of Business

Mailing Address

4250 GREENPOCKET LANE
ORLANDO FL 32839-1008

4250 GREENPOCKET LANE
ORLANDO FL 32839-1008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1972

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1416215

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLATIN, MAGDALENA
4250 GREENPOCKET LANE
ORLANDO FL 32809

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CARR, ARLENE
STREET ADDRESS	4292 GREENPOCKET LN
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	PEARSON, ALAN
STREET ADDRESS	14973 FIRESTONE CI
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	BROOKS, RONALD
STREET ADDRESS	2560 SKAN COURT
CITY - ST - ZIP	ORLANDO FL
TITLE	TD
NAME	ALSCHEN, MARK
STREET ADDRESS	2655 SKAN COURT
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	KLAM, BEATRICE
STREET ADDRESS	2644 SKAN COURT
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	DIEHL, WARREN
STREET ADDRESS	6524 NINA ROSA DR
CITY - ST - ZIP	ORLANDO FL

11 TITLE	D	☒ Change ☐ Addition
12 NAME	ARLENE CARR	
13 STREET ADDRESS	4292 GREENPOCKET LN	
14 CITY - ST - ZIP	ORLANDO, FL 32839	
21 TITLE	D	☒ Change ☐ Addition
22 NAME	ROBERT CHEEZEM	
23 STREET ADDRESS	4267 WINDCROSS LN	
24 CITY - ST - ZIP	ORLANDO, FL 32839	
31 TITLE	D	☒ Change ☐ Addition
32 NAME	DENNIS A. AUGUSTINE	
33 STREET ADDRESS	2632 SKAN CT	
34 CITY - ST - ZIP	ORLANDO, FL 32839	
41 TITLE	D	☒ Change ☐ Addition
42 NAME	GYSBERTUS MHEENBEEK	
43 STREET ADDRESS	2637 SKAN CT	
44 CITY - ST - ZIP	ORLANDO, FL 32839	
51 TITLE		☒ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☒ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dennis A. Augustine, Director

4/27/95

407 423 4843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

DENNIS A. AUGUSTINE, DIRECTOR