

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723806 (6)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**4250 GREENPOCKET LANE
ORLANDO FL 32839-1008**

**4250 GREENPOCKET LANE
ORLANDO FL 32839-1008**



3. Date Incorporated or Qualified

07/05/1972

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1416215

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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 617.0502 and 617.1508, 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D CARR, ARLENE**
STREET ADDRESS **4292 GREENPOCKET LN**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **D ROBERT CHEEZEM**
STREET ADDRESS **4267 WINDCROSS LN**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **D DENNIS A. AUGUSTINE**
STREET ADDRESS **2632 SKAN CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **D GYSBERTUS MHEENBEEK**
STREET ADDRESS **2637 SKAN CT.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **D KLAM, BEATRICE**
STREET ADDRESS **2644 SKAN COURT**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **D DIEHL, WARREN**
STREET ADDRESS **6524 NINA ROSA DR**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE

1.2 NAME **P/D CARR, ARLENE**
1.3 STREET ADDRESS **4292 GREENPOCKET LN**
1.4 CITY-ST-ZIP **ORLANDO, FL 32839**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/D

CARR, ARLENE
4292 GREENPOCKET LN
ORLANDO, FL 32839

T/D

AUGUSTINE, DENNIS A.
2632 SKAN CT
ORLANDO, FL 32839

D

LOMBARDI ALICE
4159 WINDCROSS LN
ORLANDO, FL 32839

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arlene Carr, President* **ARLENE CARR, PRESIDENT 4/23/96** **407 423 4843**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)