

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

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 & UNCAPHER, 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 ☐ Delete
NAME SHONTERE, RICHARD
STREET ADDRESS 1427 E HILLSBORO BV 229
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ST ☐ Delete
NAME VAZQUEZ, JOSE
STREET ADDRESS 4618 GREEN GLEN CT
CITY-ST-ZIP ORLANDO FL 32839

TITLE D ☒ Delete
NAME DESSELLE, EILEEN
STREET ADDRESS 869 SPANISH DRIVE NORTH
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE D ☒ Delete
NAME TENDLER, CINDY
STREET ADDRESS 869 SPANISH DRIVE NORTH
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE P ☐ Delete
NAME RADICE, EUGENE
STREET ADDRESS 2273 BLUE SAPPHIRE CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS 3410 GALT OCEAN DR #1802N
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE V.P. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME HURLEY, JAMES
STREET ADDRESS 3085 FLORAL WAY E
CITY-ST-ZIP APOKA, FL 32703

TITLE D ☐ Change ☒ Addition
NAME WALLER, ROD
STREET ADDRESS 208 MARENGO AVE.
CITY-ST-ZIP FOREST PARK, IL 60130-1601

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

TITLE D ☐ Change ☒ 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 #