

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90132 034 ****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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DECUBELLIS, MEEKS & UNCAPHER, P.A. 837 N GARLAND AVENUE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P SHONTERE, RICHARD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SHONTERE, RICHARD		NAME		
STREET ADDRESS	3410 GALT OCEAN DR., #1802N		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	ST VAZQUEZ, JOSE ☒ Delete		TITLE	S ☐ Change ☒ Addition	
NAME	VAZQUEZ, JOSE		NAME	AMANDA SECREAN	
STREET ADDRESS	4618 GREEN GLEN CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP		
TITLE	D HURLEY, JAMES ☐ Delete		TITLE	VP ☒ Change ☐ Addition	
NAME	HURLEY, JAMES		NAME		
STREET ADDRESS	3085 FLORAL WAY E		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	D WALLER, ROD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WALLER, ROD		NAME		
STREET ADDRESS	208 MARENGO AVE.		STREET ADDRESS		
CITY-ST-ZIP	FOREST PARK, IL 601301601		CITY-ST-ZIP		
TITLE	V RADICE, EUGENE ☐ Delete		TITLE	T ☒ Change ☐ Addition	
NAME	RADICE, EUGENE		NAME		
STREET ADDRESS	2273 BLUE SAPPHIRE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE	D BOLING, MARSHA ☒ Delete		TITLE	D ☐ Change ☒ Addition	
NAME	BOLING, MARSHA		NAME	JOE FONTANEZ	
STREET ADDRESS	9610 SARAGOSSA ST.		STREET ADDRESS	2630 SKAN CT	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	ORLANDO, FL 32839	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>R Shontere</u> <u>Richard Shontere Pres</u> <u>3/30/06</u> <u>(407) 841 6999</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					