

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 22 1997 8:00am
Secretary of State

DOCUMENT # 724638 (2)

1. Corporation Name

TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION, SECTI
ON TWO, 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

10/24/1972

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1629556

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2633 Barkwater Dr.

Suite, Apt. #, etc.

22 City & State

23 Orlando Florida

24 Zip

32839

Country

25 Orange

2a. Mailing Address

26 4704 South

Suite, Apt. #, etc.

27 Orange Blossom Trail

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PLATIN, MAGDALENA
4250 GREENPOCKET LANE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

Theodore Kowdrysh

82 Street Address (P.O. Box Number is Not Acceptable)

2633 Barkwater Dr.

83

84 City

Orlando

FL

85 Zip Code

32839

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 *Sheldon Kowdrysh*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 16/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME THEODORE KOWDRYSH
STREET ADDRESS 2637 BARKWATER DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME HAGAR, FRED
STREET ADDRESS 2687 BARKWATER DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ☒ DELETE

NAME ANTHONY BERGALOWSKI
STREET ADDRESS 4119 WINDCROSS LN
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME Neil Ingier
STREET ADDRESS 2571 Barkwater Dr
CITY-ST-ZIP Orlando FL 32839

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

2633 Barkwater Dr.

1.4 CITY-ST-ZIP

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

Neil Ingier
2571 Barkwater Dr.
Orlando Florida 32839

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

14. I do 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 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 *Sheldon Kowdrysh* Sept 16/97 407

CR2E037 (4/97)