

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724638

1. Entity Name

TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION,SECTI

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90206 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4250 GREENPOCKET LANE  
ORLANDO FL 32839  
US

4250 GREENPOCKET LANE  
ORLANDO FL 32839-1008  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1629556

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JENKINS, ALLIE  
4250 GREENPOCKET LANE  
ORLANDO FL 32839

Name **RON ALBRIGHT**

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

**4250 GREENPOCKET LANE**

City **ORLANDO**

FL

Zip Code  
**32839**

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BATTLE, CHARLES  
STREET ADDRESS 4250 GREENPOCKET LANE  
CITY-ST-ZIP ORLANDO FL 32839

TITLE PD ☒ Change ☐ Addition  
NAME **RON ALBRIGHT**  
STREET ADDRESS **4250 GREENPOCKET LANE**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32839**

TITLE VD ☐ Delete  
NAME JOHNSON, ANTHONY  
STREET ADDRESS 4250 GREENPOCKET LANE  
CITY-ST-ZIP ORLANDO FL 32839

TITLE VD ☒ Change ☐ Addition  
NAME **GERALD CURRAN**  
STREET ADDRESS **4250 GREENPOCKET LANE**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32839**

TITLE TD ☐ Delete  
NAME DIAZ-GREEN, TERESA  
STREET ADDRESS 4250 GREENPOCKET LANE  
CITY-ST-ZIP ORLANDO FL 32839

TITLE STD ☒ Change ☐ Addition  
NAME **CINDY TENDLER**  
STREET ADDRESS **4250 GREENPOCKET LANE**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32839**

TITLE SD ☐ Delete  
NAME JENKINS, ALLIE  
STREET ADDRESS 4250 GREENPOCKET LANE  
CITY-ST-ZIP ORLANDO FL 32839

TITLE D ☒ Change ☐ Addition  
NAME **LANCELOT LINDO**  
STREET ADDRESS **4250 GREENPOCKET LANE**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32839**

TITLE D ☒ Delete  
NAME ~~FORD, JAMES~~  
STREET ADDRESS ~~4250 GREENPOCKET LANE~~  
CITY-ST-ZIP ~~ORLANDO FL 32839~~

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

TITLE D ☒ Delete  
NAME ~~MCDONALD, DAVID~~  
STREET ADDRESS ~~4250 GREENPOCKET LANE~~  
CITY-ST-ZIP ~~ORLANDO FL 32839~~

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)