2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 724638

Entity Name: TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION, SECTION TWO, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 03-0494634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: REC ( ) Delete
Name: CRAWFORD, TERRENCE P
Address: 2180 WEST SR 434, SUITE 5000
City-St-Zip: LONGWOOD, FL 327795044 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JENKINS, ALLIE P
Address: 2549 LODGEWOOD LN
City-St-Zip: ORLANDO, FL 32839

Title: VPD ( ) Change (X) Addition
Name: JOHNSON, ANTHONY
Address: 420 S TERRY LN
City-St-Zip: ORLANDO, FL 32805

Title: SD ( ) Change (X) Addition
Name: SESSION, HATTIE
Address: 1633 WIND DRIFT DR
City-St-Zip: ORLANDO, FL 32809

Title: TD ( ) Change (X) Addition
Name: HURLEY, JAMES
Address: 3085 FLORAL WAY E
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Change (X) Addition
Name: QUINONES, SUSAN
Address: 4114 WINDCROSS LN
City-St-Zip: ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLIE JENKINS PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date