

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90228 008 \*\*\*\*61.25

**DOCUMENT # 726198**

1. Entity Name

**TYMBER SKAN ON THE LAKE OWNERS ASSOCIATION,  
SECTION THREE, 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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1629556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**UNCAPHER, KENNETH R  
TUKDARIAN & UNCAPHER, P.A  
228 HILLCREST STREET  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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 **TD** ☐ Delete  
NAME **HANKINS, CHARLES J**  
STREET ADDRESS **4131 INGLENOOK LANE**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **PD** ☐ Delete  
NAME **TIEDEMAN, JEANNE**  
STREET ADDRESS **4107 TYMBERWOOD LN**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **VP** ☐ Delete  
NAME **ALFORD, WILBURN**  
STREET ADDRESS **2485 BARKWATER DR**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D** ☐ Delete  
NAME **TIEDEMAN, KENNETH**  
STREET ADDRESS **4107 TYMBERWOOD LANE**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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:** Jeanne Tiedeman (Pres) Jeanne Tiedeman 4/26/04 (407) 841-6999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #