

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90027 048 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

**KILLGORE PEARLMAN STAMP ORNSTEIN & SQUIRES
2 SOUTH ORANGE AVE., 5TH FLOOR
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

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, 2008**

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 TD ☐ Delete
NAME OLIVEIRA, JULIA
STREET ADDRESS 4173 TYMBERWOOD LANE
CITY-ST-ZIP ORLANDO FL 32839

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE D ☐ Delete
NAME HURLEY, JAMES
STREET ADDRESS 3085 FLORAL WAY E
CITY-ST-ZIP APOPKA FL 32703

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SEBASTIAN, JOSEPH
STREET ADDRESS 2461 BARKWATER DR
CITY-ST-ZIP ORLANDO FL 32839

TITLE **D** ☐ Change ☐ Addition
NAME **Radice, Eugene**
STREET ADDRESS **2273 Blue Sapphire Circle**
CITY-ST-ZIP **Orlando, FL 32837**

TITLE SD ☐ Delete
NAME NAZARIO, YVETTE
STREET ADDRESS 4197 TYMBERWOOD LN
CITY-ST-ZIP ORLANDO FL 32839

TITLE **T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME SHONTERE, RICHARD
STREET ADDRESS 1012 PINE DR, #2
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Secran, Amanda**
STREET ADDRESS **1480 Neptune Rd**
CITY-ST-ZIP **Kissimmee, FL 34744**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jeannette Tiedeman as President* 3/19/08 (40) 846999