FILE NOW: FILING FEE IS $61.25

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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **729320** **(2)**

1. Corporation Name
TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10730 US 19, STE 17 PORT RICHEY FL 34668	10730 US 19, STE 17 PORT RICHEY FL 34668-2883

3. Date Incorporated or Qualified: **04/11/1974**
3a. Date of Last Report: **03/20/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-1590614** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

QUALIFIED PROPERTY MANAGEMENT, INC.
10730 US 19, STE 17
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KAMINSKI, JOSEPH		1.2 NAME		
STREET ADDRESS	11130-5 CARRIAGE HILL DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 0		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VITALE, MURIEL		2.2 NAME		
STREET ADDRESS	11211-6 CARRIAGE HILL		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 00000		2.4 CITY-ST-ZIP		
TITLE	~~VD~~	☒ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	~~KISELOUSKAS, VICTOR~~		3.2 NAME	Glass, Walter	
STREET ADDRESS	~~11120-5 CARRIAGE HILL DRIVE~~		3.3 STREET ADDRESS	11131-3 Pembridge Court	
CITY-ST-ZIP	~~PORT RICHEY FL~~		3.4 CITY-ST-ZIP	Port Richey, FL	
TITLE	~~VD~~	☒ DELETE	4.1 TITLE	V/D	☐ Change ☒ Addition
NAME	~~MENSCH, TIMOTHY~~		4.2 NAME	Thomas, Howard	
STREET ADDRESS	~~11130-4 CARRIAGE HILL DRIVE~~		4.3 STREET ADDRESS	8220-6 Seven Oaks Court	
CITY-ST-ZIP	~~PORT RICHEY FL~~		4.4 CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, DANIEL		5.2 NAME		
STREET ADDRESS	11117-3 PEMBRIDGE CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Joseph Kaminski Joseph Kaminski 3/12/97 813-869-9200