FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90022 015 ****61.25

DOCUMENT # 729320

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/11/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27	4. FEI Number 59-1590614 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
QUALIFIED PROPERTY MANAGEMENT, INC. 10730 US 19, STE 17 PORT RICHEY FL 34668	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	11 TITLE		☐ Change ☐ Addition
NAME	KAMINSKI, JOSEPH		12 NAME		
STREET ADDRESS	11130-5 CARRIAGE HILL DR		13 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 0		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	VITALE, MURIEL		22 NAME		
STREET ADDRESS	11211-6 CARRIAGE HILL		23 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 00000		24 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	31 TITLE	D	☒ Change ☐ Addition
NAME	ZACH, DONALD		32 NAME		
STREET ADDRESS	11210-3 CARRIAGE HILL DR.		33 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		34 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	41 TITLE	D	☒ Change ☐ Addition
NAME	THOMAS, HOWARD		42 NAME		
STREET ADDRESS	8220-6 SEVEN OAKS COURT		43 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		44 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	MURPHY, DANIEL		52 NAME		
STREET ADDRESS	11117-3 PEMBRIDGE CT		53 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Muriel Vitale Pres. 3/11/99 727-869-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #