FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730076** **(7)**

1. Corporation Name

TYMBER SKAN ON THE LAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4250 GREENPOCKET LANE ORLANDO FL 32839-1008	4250 GREENPOCKET LANE ORLANDO FL 32839-1008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/27/1974**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1629556** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

PLATIN, MAGDALENA
4250 GREENPOCKET LANE
ORLANDO FL 32809

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature required of printed name of registered agent and the President. NOTE: Registered Agent signature required when revoking.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HANDZLIK, BEVERLY	12 NAME	
STREET ADDRESS	4119 TYMBERWOOD LANE	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL 00000	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	TIEDEMAN, KENNETH	22 NAME	
STREET ADDRESS	TYMBERWOOD LN	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	HANKINS, JANE B	32 NAME	
STREET ADDRESS	4131 INGLENOOK LN	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	ALSCHEN, MARK	42 NAME	TD DENNIS A. AUGUSTINE
STREET ADDRESS	2655 SKAN CT	43 STREET ADDRESS	2632 SKAN CT
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	ORLANDO, FL 32839
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	CAR, ARLENE	52 NAME	
STREET ADDRESS	4292 GREENPOCKET LN	53 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	LEE, MARY	62 NAME	D ROBERT CHEEZEM
STREET ADDRESS	4044 TYMBERWOOD LANE	63 STREET ADDRESS	4267 WINDCROSS LN
CITY ST ZIP	ORLANDO FL	64 CITY ST ZIP	ORLANDO, FL 32839

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jane B Hankins JANE B. HANKINS, SECRETARY 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date

407- 423 4843
Daytime Phone #

000473