

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PLATIN, MAGDALENA
4250 GREENPOCKET LANE
ORLANDO FL 32809**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	HANDZLIK, BEVERLY	
STREET ADDRESS	4119 TYMBERWOOD LANE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	☐ DELETE
NAME	TIEDEMAN, KENNETH	
STREET ADDRESS	TYMBERWOOD LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	☐ DELETE
NAME	HANKINS, JANE B	
STREET ADDRESS	4131 INGLENOOK LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	☒ DELETE
NAME	AUGUSTINE, DENNIS A.	
STREET ADDRESS	2632 SKAN CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	☐ DELETE
NAME	CAR, ARLENE	
STREET ADDRESS	4292 GREENPOCKET LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☒ DELETE
NAME	CHEEZEM, ROBERT	
STREET ADDRESS	4267 WINDCROSS LN.	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	BENDER, CHARLES	
1.3 STREET ADDRESS	4239 INGLENOOK LN	
1.4 CITY-ST-ZIP	ORLANDO, FL 32839	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	☒ Change ☐ Addition
5.2 NAME	CARR, ARLENE	
5.3 STREET ADDRESS	4292 GREENPOCKET LN	
5.4 CITY-ST-ZIP	ORLANDO, FL 32839	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 HANKINS
SECRETARY,

APRIL 23rd, 1996 407- 423 4843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)