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FILED  
May 14 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 # 730076 (7)

1. Corporation Name

TYMBER SKAN ON THE LAKE HOMEOWNERS' ASSOCIATION, INC.

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

Mailing Address  
4250 GREENPOCKET LANE  
ORLANDO FL 32839-1008



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1974		3a. Date of Last Report 04/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1629556		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PLATIN, MAGDALENA  
4250 GREENPOCKET LANE  
ORLANDO FL 32839

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BENDER, CHARLES <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENDER, CHARLES	1.2 NAME	CHARLIE BATTLE
STREET ADDRESS	4239 INGLENOOK LANE	1.3 STREET ADDRESS	2541 LODGEWOOD LANE
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	D TIEDEMAN, KENNETH <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIEDEMAN, KENNETH	2.2 NAME	
STREET ADDRESS	TYMBERWOOD LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SD HANKINS, JANE B <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANKINS, JANE B	3.2 NAME	ALLIE A. JENKINS
STREET ADDRESS	4131 INGLENOOK LN	3.3 STREET ADDRESS	2549 LODGEWOOD LANE
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	PD CARR, ARLENE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, ARLENE	4.2 NAME	NEPHTALI MARTINEZ
STREET ADDRESS	4292 GREENPOCKET LANE	4.3 STREET ADDRESS	1025 S. SEMORAN BLVD
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	NOHEMI TELLEZ
STREET ADDRESS		5.3 STREET ADDRESS	4288 GREENPOCKET LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DENNIS AUGUSTINE
STREET ADDRESS		6.3 STREET ADDRESS	2632 SKAN COURT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO, FL 32839

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. CHARLIE BATTLE

SIGNATURE *[Signature]* 407- 423 4843

CR2E037 (9/96)