

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # 730076

Entity Name

TYMBER SKAN ON THE LAKE HOMEOWNERS' ASSOCIATION

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90064 016 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1629556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATTLE, CHARLIE  
4250 GREENPOCKET LANE  
ORLANDO FL 32839

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete

NAME **BATTLE, CHARLIE**  
STREET ADDRESS **2541 LODGEWOOD LANE**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D** ☒ Delete

NAME **TIEDEMAN, KENNETH**  
STREET ADDRESS **4107 TYMBERWOOD LANE**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **VP** ☐ Delete

NAME **JENKINS, ALLIE A**  
STREET ADDRESS **2549 LODGEWOOD LANE**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D** ☐ Delete

NAME **MARTINEZ, NEPHTAI**  
STREET ADDRESS **1025 S SEMORAN BLVD**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **T** ☐ Delete

NAME **TELLEZ, NOHEMI**  
STREET ADDRESS **4288 GREENPOCKET LANE**  
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charlie Battle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)