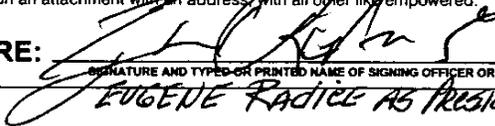


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90132 041 ****61.25

DOCUMENT # 730076							
1. Entity Name TYMBER SKAN ON THE LAKE HOMEOWNERS' ASSOCIATION, INC.							
Principal Place of Business 4250 GREENPOCKET LANE ORLANDO, FL 32839			Mailing Address 4250 GREENPOCKET LANE ORLANDO, FL 32839				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		4. FEI Number 59-1629556			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DECUBELLIS, MEEKS & UNCAPHER, P.A. 837 N GARLAND AVENUE ORLANDO, FL 32801			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RADICE, EUGENE	NAME					
STREET ADDRESS	2273 BLUE SAPPHIRE ICR.	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP					
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE					
NAME	HAWKINS, CHARLES	NAME	JAMES HURLEY				
STREET ADDRESS	4131 INGLENOOK LN.	STREET ADDRESS	3085 FLORAL WAY EAST				
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	APOPKA, FL 32703				
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	VAZQUEZ, JOSE	NAME	Dohemi TELLEZ				
STREET ADDRESS	4618 GREEN GLEN CT.	STREET ADDRESS	4238 Greenpocket LN				
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	ORLANDO, FL 32839.				
TITLE	T <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	TIEDEMAN, JEANNE N	NAME					
STREET ADDRESS	4407 TYMBERWOOD LN.	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP					
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE					
NAME	TIEDEMAN, KENNETH	NAME	Michael JANIS				
STREET ADDRESS	4107 TYMBERWOOD LN.	STREET ADDRESS	1231 BARRY AVE #204				
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	LOS ANGELES, CA 90025				
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SHONTERE, RICHARD	NAME					
STREET ADDRESS	3410 GALT OCEAN DR., #1802N	STREET ADDRESS	1012 PINE DRIVE #2				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	CITY-ST-ZIP	POMPANNO BEACH, FL 33060				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			3/30/06 (407) 8416999				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EUGENE RADICE AS President			Date Daytime Phone #				