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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740586

1. Corporation Name

TIMBERCREEK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

% SANDRA HAAG
2801 N MILITARY TRAIL
BOCA RATON FL 33431

Mailing Address

% SANDRA HAAG
2801 N MILITARY TRAIL
BOCA RATON FL 33431



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/21/1977

4. FEI Number

59-1797551

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

9. Name and Address of Current Registered Agent

HAAG-DOYLE, SANDRA
2801 N. MILITARY TRAIL
BOCA RATON FL 33431

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 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 MORGAN, MICHAEL
STREET ADDRESS 2888 NW 24TH TERRACE
CITY-ST-ZIP BOCA RATON FL

TITLE VPD ☐ DELETE

NAME DORNBLASER, ROBERT
STREET ADDRESS 2415 TIMBERCREEK CIRCLE
CITY-ST-ZIP BOCA RATON FL 33431

TITLE S ☐ DELETE

NAME THOMAS, JOAN
STREET ADDRESS 2898 N W 24 COURT
CITY-ST-ZIP BOCA RATON FL 33431

TITLE TD ☐ DELETE

NAME LOUGHNEY, KEVIN
STREET ADDRESS 2877 NW 24TH TERRACE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME MACK, PAUL
STREET ADDRESS 2401 TIMBERCREEK CIR
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

Date

561-241-0285

Daytime Phone #

CR2E037 (11/98)