

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90791 035 ****61.25

DOCUMENT # 742892

1. Entity Name

THE TIMBERS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**THE TIMBERS HOMEOWNER'S ASSOCIATION
 431 WAVERLY
 TALLAHASSEE FL 32312**

**431 WAVERLY
 TALLAHASSEE FL 32312-2856**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2027146

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISAACS, DAN L
 431 WAVERLY
 TALLAHASSEE FL 32312**

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	TD	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, HEATHER	
STREET ADDRESS	2319-A MISSION RD	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LONG, JOSEPH R	
STREET ADDRESS	799 TIMBERWAY COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CHERRY, JESSE G	
STREET ADDRESS	9036 MUIRFIELD COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROYALS, MARLANNE	
STREET ADDRESS	2251-A MISSION RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KILPATRICK, WALTER Bruce	
STREET ADDRESS	2323 B MISSION ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RODENBERRY, SAM	
STREET ADDRESS	3376 E. LAKESHORE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	TD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Elizabeth Williams		
STREET ADDRESS	798 Timberwood Cir E		
CITY-ST-ZIP	Tallahassee, FL 32304		
TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Leslie Creighton		
STREET ADDRESS	809 Timbers Ct		
CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	John Harris		
STREET ADDRESS	209 Baxter Ct		
CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Randy Spaid		
STREET ADDRESS	2195 Timberwood Circle N		
CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Elizabeth Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

574-2263

Daytime Phone #

CR2E037 (9/99)