

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 743336 (0)**

1. Corporation Name

**TIMBERCREEK TOWNHOMES & VILLAS HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

100 SPARROW DR  
ROYAL PALM BCH FL 33411

Mailing Address

100 SPARROW DR  
ROYAL PALM BCH FL 33411



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/20/1978</b>		3a. Date of Last Report <b>03/21/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2237570</b>		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	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

**BOSTWICK, FRANK A.  
100-15 SPARROW DRIVE R.P.B.  
ROYAL PALM BEACH FL 33411-8617**

10. Name and Address of New Registered Agent

81 Name **Kathy Bell m.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**100 Sparrow Dr #20**  
83 **Royal Palm Bch.**  
84 City  
85 State **FL** Zip Code **33411**

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

**Kathy M. Bell - president**

**Kathy M. Bell**

**3/6/96**

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, KATHY</b>	1.2 NAME	
STREET ADDRESS	<b>100-20 SPARROW DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLAND, EDWARD</b>	2.2 NAME	
STREET ADDRESS	<b>100-7 SPARROW DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOSTWICK, FRANK</b>	3.2 NAME	<b>Krista Dyson</b>
STREET ADDRESS	<b>100-15 SPARROW DRIVE</b>	3.3 STREET ADDRESS	<b>100-11 Sparrow Drive</b>
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	3.4 CITY-ST-ZIP	<b>Royal Palm Beach, FL 33411</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTAMARIA, JESS</b>	4.2 NAME	
STREET ADDRESS	<b>155 GALIANO STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PARKER, JENIFER</b>	5.2 NAME	<b>Patricia J. Alceba</b>
STREET ADDRESS	<b>100-9 SPARROW DR</b>	5.3 STREET ADDRESS	<b>100-13 Sparrow Dr</b>
CITY-ST-ZIP	<b>ROYAL PALM BCH FL</b>	5.4 CITY-ST-ZIP	<b>Royal Palm Bch. FL 33411</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kathy M. Bell**

**3/6/96**

**407-795-7598**

Date

Daytime Phone #

CR2E037 (12/95)