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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT STATE

Sandra B. Mort

Secretary of Sta

DIVISION OF CORPORTIONS

1997
DOCUMENT #
1. Corporation Name

743336

(0)

TIMBERCREEK TOWNHOMES & VILLAS HOMEOWNER'S ASSISTATION, INC.

Principal Place of Business Ma 100 SPARROW DR 100

Mailing Address

100 SPARROW DR ROYAL PALM BCH FL 33411-1677

## FILED Apr 01 1997 8:00am Secretary of State



ROYAL PALM B	CH FL 33411	ROYAL PALM BCH FL 334	111-1677	' <b>I</b>				
					3. Date Incorporated or Qualified 06/20/1978	3a. Date of Lat 03/20/		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-2237570		Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional	
27					B. Certificate of Status Desired	Fee	Required	
City & State	City & State	City & State		6. Election Campaign Financing		00 May Be		
23		28			Trust Fund Contribution	☐ Add	led to Fees	
Zip	Country	Zip		ountry	8. This corporation has liability for in		er s. 199.032,	
24	25	29	30			Yes No		
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent			10. Name and Address of New Re	Jistered Agent		
				81 Name				
BELL, KATHY M.				82 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
-160-15 SPARROW DRIVE R.P.B								
ROYAL PALM BEACH FL 33411-8617				83	The second			
HOTAL	ALM DESCRIPTE 03411-0017							
				84 City		FL  85  7	Zip Code	
44 5	the president of Continue 617 050	22 and 617 1500 Florida Ctatu	ton the	abous samed so	moration submits this statement for the n		on its registered	
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig-	of Florida. Such change was ations of, Section 617.0503, Fl	authoriz Iorida St	ed by the corpor latules.	rporation submits this statement for the pation's board of directors. I hereby accept	t the appointment	t as registered	
SIGNATURE _	Stgnature, typed or printed name of registered age	INO:	TC. On alexa	ered Agent signature req	sized urban relateding)	DATE		
		ID DIRECTORS	1.		ADDITIONS/CHANGES TO OFFICE		TORS IN 12	
12.	p OFFICERS AIN	DELETE		TITLE	ADDITIONS/CHANGES TO OFFIC	Char		
TITLE							illo Fill sidarisan	
NAME	BELL, KATHY			NAME		a.		
STREET ADDRESS	100-20 SPARROW DR.		10	STREET ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH FL			CITY-ST-ZIP			Addis	
TITLE	TD .	☐ DELETE	2.1	TITLE	·	Char	nge 🗌 Addition	
NAME	HOLLAND, EDWARD		2.2	NAME		and the second second		
STREET ADDRESS	100-7 SPARROW DRIVE		2.3	STREET ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH FL 334		2.	4 CITY-ST-ZIP				
YITLE	D	DELETE	3.1	I TITLE		Char	πge ∐ Ao∕dition	
NAME	DYSON, KRISTA	·	3.2	2 NAME		1111		
STREET ADDRESS	100-11 SPARROW DRIVE		3.3	STREET ADDRESS	•			
CITY-ST-7IP	ROYAL PALM BEACH FL		3.4	I. CITY-ST-ZIP	*			
TITLE	D	DELETE		TITLE		Cha-	nge Addition	
NAME	SANTAMARIA, JESS		1	2 NAME			•	
STREET ADDRESS	155 GALIANO STREET		1	STREET ADDRESS				
	ROYAL PALM BEACH FL			1 !				
CITY-ST-ZIP TITEF	SD SD	☐ DELETE		I CATY - ST - ZIP		☐ Cha	nge Addition	
	<del>-</del> -	Deter					• —	
NAME	ALCEBO, PATRICIA			2 N/A 1E				
STREET ADDRESS	100-13 SPARROW DRIVE			S STEET, ADDRESS				
CITY-S1-ZIP	ROYAL PALM BCH FL	17 ce		C Y-ST-ZIP		Cha	nge Addition	
TITLE		☐ DELETE	6.1			L Cha	uña 🗖 voarnoi	
NAME			6.2	2 HEME				
STREET ADDRESS			6.3	B REET ADDRESS				
CITY - ST - ZIP			6.4	Y-ST-ZIP				
CITY-ST-ZIP	actific that the information as a fi-	d with this filling does not	6.4	Y-ST-ZIP	led in Section 119.07(3)(i), Florida Statute	s I further certifu	that the	
ree. I OU HERE	iv ceruiv iriai marificilitaboli SUDDNA	ici wildi una mind Destrictida	mr it it it it		100 n 1 300 tron 1 10.07 (0)(1), 1 10 100 0 0 totale	, ·-· · · · · · · · · · · · · · · · ·		

1. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and courate 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR OR

3/6/97

561-369-1004 Dayline Phone # 0041037