

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90259 049 \*\*\*\*61.25

**DOCUMENT # 743336**

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

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

06/20/1978

4. FEI Number

59-2237570

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fees Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BELL, KATHY M.  
100 SPARROW DRIVE  
ROYAL PALM BEACH FL 33411-8617

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 P ☒ DELETE

NAME BELL, KATHY  
STREET ADDRESS 100-20 SPARROW DR.  
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE TD ☐ DELETE

NAME HOLLAND, EDWARD  
STREET ADDRESS 100-7 SPARROW DRIVE  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE D ☐ DELETE

NAME SANTAMARIA, JESS  
STREET ADDRESS 155 GALIANO STREET  
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE SD ☐ DELETE

NAME BOSTWICK, FRANK  
STREET ADDRESS 100-15 SPARROW DRIVE  
CITY-ST-ZIP ROYAL PALM BCH FL 33411

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Andrew S. Markley  
1.3 STREET ADDRESS 3120 Sandhurst Drive  
1.4 CITY-ST-ZIP woodstock, GA 30189

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE PD ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE SD ☐ Change ☒ Addition

5.2 NAME Jacqueline Millsbaugh  
5.3 STREET ADDRESS 100-10 Sparrow Drive  
5.4 CITY-ST-ZIP Royal Palm Beach, FL 33411

6.1 TITLE VD ☐ Change ☒ Addition

6.2 NAME Paul LaFleur  
6.3 STREET ADDRESS 100-1 Sparrow Drive  
6.4 CITY-ST-ZIP Royal Palm Beach, FL 33411

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: *Edward Holland* 4/22/99 561-790-0118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)