

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am
Secretary of State

• NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747637** (7)

1. Corporation Name

**TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM V ASSOCIA
TION, INC.**

Principal Place of Business

Mailing Address

**10730 U. S. 19
SUITE 17
PORT RICHEY FL 34668**

**10730 U. S. 19
SUITE 17
PORT RICHEY FL 34668-2883**

3. Date Incorporated or Qualified
06/14/1979

3a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1977443

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUALIFIED PROPERTY MANAGEMENT, INC.
10730 U. S. 19, SUITE 17
PORT RICHEY, 34668**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, WLATER	1.2 NAME	
STREET ADDRESS	11400-6 CARRIAGE HILL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NILSEN, JANINE	2.2 NAME	
STREET ADDRESS	8110-1 BRADDOCK CRO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLACH, RAY	3.2 NAME	
STREET ADDRESS	11410-1 CARRIAGE HILL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTER, CHARLES	4.2 NAME	
STREET ADDRESS	11400-3 CARRIAGE HILL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBARTY, DOROTHY--	5.2 NAME	Peterson, George
STREET ADDRESS	8110-1 BRADDOCK CIR.	5.3 STREET ADDRESS	11400-1 Carriage Hill Drive
CITY-ST-ZIP	PORT RICHEY FL--	5.4 CITY-ST-ZIP	Port Richey, FL 34668
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 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.

SIGNATURE:

Sandra B. Mortham **JANINE I. NILSEN** 3/18/97 813-862-6055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0068298**

CR2E037 (9/96)