FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM V ASSOCIA

FILED Jan 30 1998 8:00am Secretary of State

TION, INC.						
Principal Place of Business Mailing Address						
10730 U. S. 19 SUITE 17 PORT RICHEY		10730 U. S. 19 SUITE 17 PORT RICHEY FL 34668		3. Date Incorporated or Qualified 06/14/1979 4. FEI Number 59-1977443	Applied For	
2. Principal Place of Business		2a. Mailing Address	⊢		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State	28		7. Is this nonprofit corporation a homeowners association?	
Zip 24	Country 25	Zip 29	30	ıntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Register	eo Agent
QUALIFIED PROPERTY MANAGEMENT, INC.				81 Name 82 Street Addi	Address (P.O. Box Number is Not Acceptable)	
10730 U. S. 19, SUITE 17 PORT RICHEY, 34668				83		
				84 City		L 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						
12.		ND DIRECTORS	13.	a water signature reduit	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D OFFICERS A	DELETE	1,1 11	7.5	ADDITIONS/CHANGES TO OFFICERS /	Change Addition
	1					C change C Addition
NAME			1.2 N	J		
STREET ADDRESS			4	TREET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE			2.1 TI			☐ Change ☐ Addition
NAME	NILSEN, JANINE		2.2 N	AME		ľ
+popreg	8110-1 BRADDOCK CRCL.		2.3 S	TREET ADDRESS	_	1
0:11-01-4H				ITY-ST-ZIP		
TITLE			3.1 ग	TLE		∐ Change ∐ Addition
NAME	1 - 10.11, 10.11		3.2 N	AME		
			REET ADDRESS			
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP		
TITLE			4.1 TI	TLE		☐ Change ☐ Addition
NAME	PINTER CHARLES		4 2 N	AME		

14. I hereby certify that the information supplied with this filling 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME 11400-3 CARRIAGE HILL DR.

11400-1 CARRIAGE HILL DR

PORT RICHEY, FL 00000

PETERSON, GEORGE

PORT RICHEY FL

DELETE

DELETE

Addition

Change