

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90022 014 ****61.25

00861/43

DOCUMENT # 747637

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

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SUITE 17
PORT RICHEY FL 34668



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/14/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1977443

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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
NAME	SMALL, WLATER	
STREET ADDRESS	11400-6 CARRIAGE HILL DRIVE	
CITY-ST-ZIP	PORT RICHEY, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NILSEN, JANINE	
STREET ADDRESS	8110-1 BRADDOCK CRCL.	
CITY-ST-ZIP	PORT RICHEY, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FLACH, RAY	
STREET ADDRESS	11410-1 CARRIAGE HILL DR	
CITY-ST-ZIP	PORT RICHEY, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PINTER, CHARLES	
STREET ADDRESS	11400-3 CARRIAGE HILL DR.	
CITY-ST-ZIP	PORT RICHEY, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PETERSON, GEORGE	
STREET ADDRESS	11400-1 CARRIAGE HILL DR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)