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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749619

1. Corporation Name

TIMBER RUN OWNERS' ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 15873
WEST PALM BEACH FL 33416
US

Mailing Address

P.O. BOX 15873
WEST PALM BEACH FL 33416
US


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/31/1979
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2060689
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
	30	Applied For <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

REAMSYNDER, TERRY
5960 FLATROCK ROAD
WEST PALM BCH. FL 33413

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAYE, BARBARA	1.2 NAME	V. RAMSACK, FRANK
STREET ADDRESS	963 RYANWOOD DRIVE	1.3 STREET ADDRESS	622 WHITEWATER
CITY-ST-ZIP	WES PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BCH, FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNEAL, ROBERTA	2.2 NAME	D MCMAHON, PEGGY
STREET ADDRESS	819 RYANWOOD DR	2.3 STREET ADDRESS	636 CASHIERS
CITY-ST-ZIP	W. PALM BCH FL 33413	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN-THERON, LINDA	3.2 NAME	D CURRAN, JUSTIN
STREET ADDRESS	893 RYANWOOD DR	3.3 STREET ADDRESS	975 Ryanwood,
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULE, KAREN	4.2 NAME	D WILLIAMS, ANGELA
STREET ADDRESS	970 RYANWOOD DR	4.3 STREET ADDRESS	950 RYANWOOD
CITY-ST-ZIP	W. PALM BCH FL 33413	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERLOFSKE, MARILYN	5.2 NAME	
STREET ADDRESS	670 TOXAWAY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAMSYNDER, TERRY	6.2 NAME	
STREET ADDRESS	5960 FLATROCK RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen L. Mule
 Karen L. mule

CR2E037 (11/98)