## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 752215** TIMBERLAKE HOMEOWNERS' ASSOCIATION, INC. 01-19-2000 90295 041 \*\*\*\*61.25 Principal Place of Business Mailing Address 7935 TIMBERLAKE DR. 7935 TIMBERLAKE DR. W MELBOURNE FL 32904-2151 W MELBOURNE FL 32904 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2166937 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7.⇒Name and Address of New Registered Agent-6.-Name and Address of Current Registered Agent ----Name Street Address (P.O. Box Number is Not Acceptable) **ELLER. JAMES** 7935 TIMBERLAKE DR. W MELBOURNE FL 32904 Zip Code 8. The above named entity submite this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Addition TITLE ☐ Delete TITLE PRICE, CARROLL NAME STREET ADDRESS STREET ADDRESS 7962 TIMBERLAKE DR CITY-ST-ZIP CITY-ST-ZIP W MELBOURNE FL 32904 ☐ Change ☐ Addition TITLE PD Delete TITLE NAME RICE, MARK NAME STREET ADDRESS STREET ADDRESS 7926 TIMBERLAKE DR CITY\_ST-ZIP\_\_\_ CITY-ST-ZIP. W-MELBOURNE:FL=32904 ☐ Change **X**Addition TITLE Delete KNOWITON, NANCY 7904 Timberlake Dr NAME HAYWOOD, WEBSTER NAME STREET ADDRESS STREET ADDRESS 7910 TIMBERLAKE DR CITY-ST-ZIF CITY-ST-ZIP W. MELBOURNE FL 32904 ☐ Delete ☐ Change ☐ Addition TITLE **ELLER, JAMES** NAME STREET ADDRESS STREET ADDRESS 7935 TIMBERLAKE DRIVE CITY-ST-ZIP CITY-ST-7IP w. Melbourne fl 32904 D Delete TITLE Change ■ Addition TITLE NAME WILLIAMS, TIM NAME STREET ADDRESS STREET ADDRESS 7913 TIMBERLAKE DR CITY-ST-ZIE CITY-ST-7/P W. MELBOURNE FL 32904 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an another like empowered.