

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90021 037 ****61.25

DOCUMENT # 752215

1. Entity Name

TIMBERLAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7935 TIMBERLAKE DR.
W MELBOURNE FL 32904**

**7935 TIMBERLAKE DR.
W MELBOURNE FL 32904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2166937**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLER, JAMES
7935 TIMBERLAKE DR.
W MELBOURNE FL 32904**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

James M Eller
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

14 Jan 2002
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **PRICE, CARROLL**
STREET ADDRESS **7962 TIMBERLAKE DR**
CITY-ST-ZIP **W MELBOURNE FL 32904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **RICE, MARK**
STREET ADDRESS **7926 TIMBERLAKE DR**
CITY-ST-ZIP **W MELBOURNE FL 32904**

TITLE **D** ☐ Change ☒ Addition
NAME **HUGHES, MARIAN**
STREET ADDRESS **7972 TIMBERLAKE DR**
CITY-ST-ZIP **W MELBOURNE, FL 32904**

TITLE **D** ☐ Delete
NAME **KNOWLTON, NANCY**
STREET ADDRESS **7904 TIMBERLAKE DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **ELLER, JAMES**
STREET ADDRESS **7935 TIMBERLAKE DRIVE**
CITY-ST-ZIP **W. MELBOURNE FL 32904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILLIAMS, TIM**
STREET ADDRESS **7913 TIMBERLAKE DR**
CITY-ST-ZIP **W. MELBOURNE FL 32904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 all other like empowered.

SIGNATURE:

James M Eller
JAMES M Eller 14 JAN 02 321-768-0293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)