

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/3/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$225)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 20 11 08:41

**DOCUMENT # 756533 (6)**  
 T. Corporation Name  
**TIMBERLINE LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 3738 TIMBERLINE DRIVE      3738 TIMBERLINE DRIVE  
 WEST PALM BEACH FL 33406      WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
 02/26/1981      03/31/1994

4. FEI Number      Applied For / Not Applicable  
 59-2142170

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

6. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status      **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under a 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      28

22 Suite, Apt. #, etc.      27 Suite, Apt. #, etc.

23 City & State      26 City & State

24 Zip      25 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent

HARPER, MAX C  
 3668 TIMBERLINE DRIVE  
 W. PALM BEACH FL 33406

10. Name and Address of New Registered Agent

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

TITLE      TD  
 NAME      HARPER, MAX C  
 STREET ADDRESS      3668 TIMBERLINE DRIVE  
 CITY - ST - ZIP      W. PALM BEACH FL

TITLE      VD  
 NAME      WAGHELSTEIN, LEONARD  
 STREET ADDRESS      3657 COLLINGSWOOD LANE  
 CITY - ST - ZIP      W. PALM BEACH FL

TITLE      PD  
 NAME      D'ANTONIO, KATHLEEN L  
 STREET ADDRESS      3729 COLLINWOOD LANE  
 CITY - ST - ZIP      W. PALM BEACH FL

TITLE      SD  
 NAME      JOYCE, VICKI  
 STREET ADDRESS      3570 TIMBERLINE DRIVE  
 CITY - ST - ZIP      W. PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE       Change       Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE       Change       Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE       Change       Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE       Change       Addition

42 NAME      SD  
 PEARSON, DAVID  
 3615 COLLINWOOD LANE  
 W. PALM BEACH, FL 33406

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE       Change       Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE       Change       Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Max C. Harper* (MAX C. HARPER, TREAS)      6/12/95      407-833-8491  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone (Area #)

CR2E037 (3/95)