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NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **759259** **(5)**

1. Corporation Name

TIMBERWAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2631 NW 41 ST. SUITE E-1 P.O. BOX 147050 GAINESVILLE FL 32614-4050	2631 NW 41 ST. SUITE E-1 P.O. BOX 147050 GAINESVILLE FL 32614-7050

3. Date Incorporated or Qualified: 07/22/1981
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 2830 NW 41 Street
22 Suite, Apt. #, etc.: Suite F
23 City & State: Gainesville, FL
24 Zip: 32606
25 Country: Alachua

2a. Mailing Address
26: P.O. Box 147050-30
27 Suite, Apt. #, etc.:
28 City & State: Gainesville, FL
29 Zip: 32614-7050
30 Country: Alachua

4. FEI Number: 59-2120174 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

SMITH, BEVERLY K.
2631 NW 41 STREET SUITE E-1
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: Beverly K. Smith
82 Street Address (P.O. Box Number is Not Acceptable): 2830 NW 41 St.
83: Suite F
84 City: Gainesville FL 85 Zip Code: 32605

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: Beverly K Smith — 4-1-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMYTH, SHANNON 5730 NW 34TH PLACE GAINESVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FORD, MARK 3333 NW 51ST TERR GAINESVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GASSETT, TOM 2281 NW 21 AVENUE GAINESVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HULETT, MELENA 3307 NW 51 TERRACE GAINESVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PECK, BRIAN 5108 NW 34TH PLACE GAINESVILLE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Owen, Debbie 5108 NW 34 Pl. Gainesville, FL 32606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAIRD, DAVID 3411 NW 52 TERRACE GAINESVILLE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VD	☒ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Melena C. Hulett — 4-1-97 — 352/374-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0011353