FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT # 75925	59 (5)								
TIMBERWAY COMMUNITY ASSOCIATION, INC.						l				
Principal Place of Business Mailing Address							A AMDIAN AMBON MINIO AMAAD ARAAD MAR		INNERSTALL RIEST D	IBIT OLDIA TUBI
2830 NW 41ST STREET P.O. BOX 147050-30							3. Date Incorporated or Qualified			
STE #F GAINESVILLE FL 32614-7050 GAINESVILLE FL 32606 US							07/22/1981			
US						- (4	4, FEI Number E0-0400474			oplied For ot Applicable
2. Principal Place of Business 2a. Mailing Address							<u>59-2120174</u>			Additional
21 26							5. Certificate of Status Desired		Fee Re	equired
Sulte, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			•	8. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
22 27 City & State City & State						- ,	7. Is this nonprofit corporation a			
23		28	28				- To the Florida on policion a		□ No	····
Zip	Country	Zip	<u></u> —¬	intry		8	B. This corporation owes or has p			
24	25 9. Name and Address of Curr	ent Registered Agent	30			10	Personal Property Tax due Jur D. Name and Address of New F			_l No
				81	Name					
SMITH, BEVERLY K.					Street	Address	(P.O. Box Number is Not Accept	able)	 .	
2830 NW 41ST STREET				92						
STE #F Gainesville fl 32805				83						
CANINES	AILIE LE 25002			84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.09	502 and 617.1508, Florida Stat	utes, the a	20V8	-named	corporati	ion submits this statement for the	Durpose (of changing it	s registered
agent. I a	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was igations of, Section 617.0503, I	Florida Stat	a by utes	the cor	poration s	opard of directors, I hereby acc	ept the ap	pointment a s	registered
SIGNATURE .	Signature, typed or printed name of registered a	anent and title if emplicable (Ali	TE: Darietere	1 Ana	ot signati v	a required wh	en reinstating)	DATE		
12.		ND DIRECTORS	13.	2 7150	in angriacore	o required with	ADDITIONS/CHANGES TO OFF		ID DIRECTOR	IS IN 12
TITLE	PD	☐ DELETE	1.1 7)	TLE					Change	Addition
NAME	SMYTH, SHANNON		1.2 NAME			4				
STREET ADDRESS	5730 NW 34TH PLACE		1.3 STREET ADDRESS		1			•		
CITY-ST-ZIP	GAINESVILLE FL	DELETE	1.4 CITY-ST-ZIP TE 2.1 TITLE		<u> </u>			Change	Addition	
TITLE NAME	D Ford. Mark	- Deceit	2.1 1110 2.2 NAM						Cuange	L AUGILION
STREET ADDRESS	3333 NW 51ST TERR		2.3 STREET ADDRS		223BUGA					
CITY-ST-ZIP	GAINESVILLE FL				4 CITY-ST-ZIP					
TITLE	TD					TD			Change	Addition
NAME	GASSETT, TOM	MASSETT, TOM 3.2		ME			hw 52 Terr.			
STREET ADDRESS	2281 NW 21 AVENUE		3.3 ST	REET /	ADDRESS	3400	hw 52 Terr.			
CITY-ST-ZWP	GAINESVILLE FL		3.4. CI	TY-S	T-ZIP	Gain	HOUILE, PL 3261	>6		
TITLE	80	DELETE	4,1 Tr			ľ	·		Change	Addition
NAME	HULETT, MELENA		4. 2 N	-						
STREET ADDRESS	3307 NW 51 TERRACE				ADDRESS					
CITY-ST-ZIP TITLE	GAINESVILLE FL D	DELETE	4.4 CI		- ZIP	 			Change	Addition
NAME	OWEN, DEBBIE		5.2 NA						- Change	
STREET ADDRESS	5108 NW 34TH PLACE		1		ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL		5.4 CI							
TITLE	VD VD	DELETE	6.1 T(1		E-11	1			Change	Addition
NAME	LAIRD, DAVID		6.2 NA			ļ				
STREET ADDRESS	3411 NW 52 TERRACE		6.3 ST	REET A	ADDRESS					
I	CANCOUNTE EL		I		_	1				

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 experience of the corporation of the corporation of the experience of the

3521 374-8050

FILED

Mar 16 1998 8:00am

Secretary of State