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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759259

1. Corporation Name
TIMBERWAY COMMUNITY ASSOCIATION, INC.

224336 - 90239 - 22

Principal Place of Business	Mailing Address
2830 NW 41ST STREET STE #F GAINESVILLE FL 32606 US	P.O. BOX 147050-30 GAINESVILLE FL 32614-7050 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/22/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2120174 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, BEVERLY K.
2830 NW 41ST STREET
STE #F
GAINESVILLE FL 32605

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMYTH, SHANNON		1.2 NAME		
STREET ADDRESS	5730 NW 34TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	FORD, MARK		2.2 NAME	Falvey, Cathy	
STREET ADDRESS	3333 NW 51ST TERR		2.3 STREET ADDRESS	5206 NW 34 Place	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	Gainesville FL 32606	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LILLEY, LINDA		3.2 NAME		
STREET ADDRESS	3400 NW 52 TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HULETT, MELENA		4.2 NAME		
STREET ADDRESS	3307 NW 51 TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OWEN, DEBBIE		5.2 NAME		
STREET ADDRESS	5108 NW 34TH PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAIRD, DAVID		6.2 NAME		
STREET ADDRESS	3411 NW 52 TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 3/2/99 352/374-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #