# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 22, 2000 8:00 am**
**Secretary of State**
02-22-2000 90062 032 ****61.25

DOCUMENT # 759259

1. Entity Name

TIMBERWAY COMMUNITY ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2830 NW 41ST ST., SUITE F<br>GAINESVILLE FL 32606<br>US | P.O. BOX 147050-30<br>GAINESVILLE FL 32614<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | 2830 NW 41 Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>Suite F |
| City & State | City & State<br>GAINESVILLE FL |
| Zip / Country | Zip / Country<br>32606 / USA |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SMITH, BEVERLY K.<br>2830 NW 41ST STREET<br>STE #F<br>GAINESVILLE FL 32605 | Name PAT TRIPPE<br>Street Address (P.O. Box Number is Not Acceptable)<br>2830 NW 41 Street<br>Suite F<br>City GAINESVILLE FL Zip Code 32606 |

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 Pat Tripp 2-8-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SMYTH, SHANNON<br>5730 NW 34TH PLACE<br>GAINESVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FALVEY, CATHY<br>5206 NW 34TH PLACE<br>GAINESVILLE FL 32606 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LILLEY, LINDA<br>3400 NW 52 TERR<br>GAINESVILLE FL 32606 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OWEN, DEBBIE<br>5108 NW 34TH PLACE<br>GAINESVILLE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Ford, Mark<br>3333 NW 51 Terr.<br>Gainesville, FL 32606 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LAIRD, DAVID<br>3411 NW 52 TERRACE<br>GAINESVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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: SIGNATURE REQUIRED, Pres. 2-8-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #