

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **761562** (8)  
1. Corporation Name

**TIMBER PINES COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6872 TIMBER PINES BLVD.  
C/O PAM WASHBURN  
SPRING HILL FL 34606  
US

6872 TIMBER PINES BLVD.  
C/O PAM WASHBURN  
SPRING HILL FL 34606  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/22/1982</b>	3a. Date of Last Report <b>01/29/1996</b>
4. FEI Number <b>59-2155799</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASHBURN, PAM  
6872 TIMBER PINES BLVD  
SPRING HILL FL 34606

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **S**  
STREET ADDRESS **LUKASZCWSKI, JOHN J.**  
CITY-ST-ZIP **2368 FAIR SKIES DR. SPRING HILL FL**

TITLE ☐ DELETE

NAME **AD**  
STREET ADDRESS **THOMPSON, LEE**  
CITY-ST-ZIP **2368 FAIRSKILLS DRIVE SPRINGHILL FL**

TITLE ☒ DELETE

NAME **T**  
STREET ADDRESS **LOWE, LILLIAN**  
CITY-ST-ZIP **6872 TIMBER PINES BLVD. SPRING HILL FL**

TITLE ☐ DELETE

NAME **VP**  
STREET ADDRESS **WASHBURN, PAMELA**  
CITY-ST-ZIP **6872 TIMBER PINES BLVD SPRINGHILL FL**

TITLE ☒ DELETE

NAME **D**  
STREET ADDRESS **FERTIG, ROBERT F.**  
CITY-ST-ZIP **2368 FAIR SKIES DR. SPRING HILL FL**

TITLE ☒ DELETE

NAME **VP**  
STREET ADDRESS **SAMSON, CHARLES**  
CITY-ST-ZIP **6872 TIMBER PINES BLVD SPRING HILL FL**

1.1 TITLE ☐ Change ☒ Addition

NAME **S/D**  
STREET ADDRESS **Gloria Gilbert.**  
CITY-ST-ZIP **6872 Timber Pines Blvd Spring Hill, FL 34606**

2.1 TITLE ☐ Change ☒ Addition

NAME **P/D**  
STREET ADDRESS **Bob Perry**  
CITY-ST-ZIP **6872 Timber Pines Blvd Spring Hill, FL 34606**

3.1 TITLE ☐ Change ☒ Addition

NAME **T**  
STREET ADDRESS **Tony Truhon**  
CITY-ST-ZIP **6872 Timber Pines Blvd Spring Hill, FL 34606**

4.1 TITLE ☐ Change ☒ Addition

NAME **Asst. TY D**  
STREET ADDRESS **Bob Pensmith**  
CITY-ST-ZIP **6872 Timber Pines Blvd Spring Hill FL 34606**

5.1 TITLE ☐ Change ☒ Addition

NAME **VP/D**  
STREET ADDRESS **Pat De Luca**  
CITY-ST-ZIP **6872 Timber Pines Blvd Spring Hill FL 34606**

6.1 TITLE ☐ Change ☒ Addition

NAME **VP/D**  
STREET ADDRESS **Jim Waters**  
CITY-ST-ZIP **6872 Timber Pines Blvd Spring Hill FL 34606**

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: **Pamela Washburn** 7/28/97 (352) 2332

CR2E037 (4/97)