

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90005 040 ****61.25

0070901

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 761562

1. Corporation Name

TIMBER PINES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/22/1982

4. FEI Number

59-2155799

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

9. Name and Address of Current Registered Agent

WASHBURN, PAM
6872 TIMBER PINES BLVD
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name **Coe, David**

82 Street Address (P.O. Box Number is Not Acceptable)

6872 Timber Pines Blvd

83

84 City **Spring Hill**

FL

85 Zip Code

34606

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME GILBERT, GLORIA
STREET ADDRESS 6872 TIMBER PINES BLVD
CITY-ST-ZIP SPRING HILL FL

☐ DELETE

TITLE D
NAME THOMPSON, LEE
STREET ADDRESS 2368 FAIRSKILLS DRIVE
CITY-ST-ZIP SPRINGHILL FL

☒ DELETE

TITLE PD
NAME PERRY, BOB
STREET ADDRESS 6872 TIMBER PINES BLVD
CITY-ST-ZIP SPRING HILL FL

☒ DELETE

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

☒ DELETE

TITLE T
NAME TRUHN, TONY
STREET ADDRESS 6872 TIMBER PINES BLVD
CITY-ST-ZIP SPRING HILL FL

☐ DELETE

TITLE VPD
NAME WATER, JIM
STREET ADDRESS 6872 TIMBER PINES BLVD
CITY-ST-ZIP SPRING HILL FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/D
1.2 NAME Gilbert, Gloria
1.3 STREET ADDRESS 6872 Timber Pines Blvd.
1.4 CITY-ST-ZIP Spring Hill, FL 34606

☒ Change ☐ Addition

2.1 TITLE VP/D
2.2 NAME Keller, Richard
2.3 STREET ADDRESS 6872 Timber Pines Blvd.
2.4 CITY-ST-ZIP Spring Hill, FL 34606

☐ Change ☒ Addition

3.1 TITLE PD
3.2 NAME DELUCA, PASQUALE
3.3 STREET ADDRESS 6872 Timber Pines Blvd.
3.4 CITY-ST-ZIP Spring Hill, FL 34606

☐ Change ☒ Addition

4.1 TITLE S/D
4.2 NAME Devine, Joan
4.3 STREET ADDRESS 6872 Timber Pines Blvd.
4.4 CITY-ST-ZIP Spring Hill, FL 34606

☐ Change ☒ Addition

5.1 TITLE T/D
5.2 NAME Lowe, Lillian
5.3 STREET ADDRESS 6872 Timber Pines Blvd
5.4 CITY-ST-ZIP Spring Hill, FL 34606

☐ Change ☒ Addition

6.1 TITLE D
6.2 NAME Waters, James
6.3 STREET ADDRESS 6872 Timber Pines Blvd.
6.4 CITY-ST-ZIP Spring Hill, FL 34606

☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99

CR2E037 (11/98)