

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761562

1. Entity Name

TIMBER PINES COMMUNITY ASSOCIATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90058 050 ****70.00

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 34606-3641
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Lynn Setelius

City & State

City & State

4. FEI Number

59-2155799

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COE, DAVID
6872 TIMBER PINES BLVD
SPRING HILL FL 34606

Name

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

City

FL

Zip Code

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

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	VPD GILBERT, GLORIA 6872 TIMBER PINES BLVD SPRING HILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLER, RICHARD 6872 TIMBER PINES BLVD. SPRINGHILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASQUALE, DELUCA 6872 TIMBER PINES BLVD SPRING HILL FL 34606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEVINE, JOAN 6872 TIMBER PINES BLVD SPRINGHILL FL 34606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOWE, LILLIAN 6872 TIMBER PINES BLVD SPRING HILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, JAMES 6872 TIMBER PINES BLVD SPRING HILL FL 34606	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gilbert, Gloria 6872 Timber Pines Blvd Spring Hill, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hamilton, Darryl 6872 Timber Pines Blvd Spring Hill, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sayers, Frank 6872 Timber Pines Blvd Spring Hill, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kennedy, Robert 6872 Timber Pines Blvd Spring Hill, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lowe, Lillian 6872 Timber Pines Blvd Spring Hill, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Galloway, Pauline 6872 Timber Pines Blvd Spring Hill, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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:

Pauline Galloway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)