

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 764508**

1. Corporation Name

TIBERON HOMEOWNERS' ASSOCIATION INCORPORATED

Principal Place of Business 1081 SONOMA CT LONGWOOD FL 32750-2920

Mailing Address P.O. BOX 520662 LONGWOOD FL 32752

FILED Mar 05, 1999 8:00 am § Secretary of State

03-05-1999 90007 049 ****61.25



2. Principal P	ace of Business 2a. Weiling Address 26 PO DOX	520662	3. Date Incorporated or Qualifed 08/10/1982	
Suite, Apt.	1935	<u> </u>	4. FEI Number	Applied For
22	27		NOT APPLICABLE	Not Applicable
City & State		xod F	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 327	country USA Zin 752	Some MAR	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 00 1	9. Name and Address of Current Registered Agent	0	10. Name and Address of New Registered	i Agent
PRYOR, N	ELDA F	81 Name 82 Street Addre	mela B. Hughes ess (P.O. Box Number is Not Acceptable)	5
1081 SON	UMA CI	83		
# 226 LONGWO	DD FL 32750	84 City	2022	85 Zip-Code
		111311	2000a, <u>Fi</u>	L 132 /30
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, an 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.				
office or registered agent, exhoth, in the State of Florida. Such change was authorized by the corporation of oldectors if the epigrations of Section 617,0503, Florida Statutes.				
SIGNATURE	tamela B Huahes	Imola	COVIENCE C	-16-77
	Olganica of Appendix Printed Facility	TE: Registered Agent signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/MANGES TO OFFICERS A	Change Addition
TMLE	PO DELETE	1.1 TITLE		
NAME	BROWN, CHRISTOPHER	1.2 NAME		
STREET ADORESS	1090 SONOMA CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	-	2.1 NILE 2.2 NAME		- · -
NAME	HUGHES, PAMELA B 1031 MARIN DR	2.3 STREET ADDRESS		
STREET ADDRESS	LONGWOOD FL	2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	SD DELETE	3.1 TITLE	-	☐ Change ☐ Addition
NAME	GODBOLD_JANET	3.2 NAME		
STREET ADDRESS	1100-HYDE CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP		
TITLE	TD DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CAVANAUGH, RAE	4. 2 NAME		
STREET ADDRESS	1101 HYDE CT.	4.3 STREET ADDRESS		•
CiTY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-7IP		6.4 CITY-ST-ZIP		

14. 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.

RABEGAVAN AUGH