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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 APR 17 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 768035

1. Corporation Name

Timberlane Owners Association Inc

2. Principal Office Address - No P.O. Box #

5300 NW 38th Place

3. Mailing Office Address

5300 NW 38th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32606

Country

USA

Zip

32606

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/1983

5. FEI Number

592414600

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patricia Stowell

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

5308 NW 38th Place

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

300227577253

04/05/12--01019--007 \*\*420.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Patricia Stowell

Date 4/12/2012

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Patricia Stowell	5328 NW 38th Place	Gainesville FL 32606
VP	Daniel Blumberg	3705 NW 53rd Terrace	Gainesville FL 32606
T	Clayton Woodruff	3623 NW 53rd Terrace	Gainesville FL 32606
S	Kristi Linne	5635 NW 38th Place	Gainesville FL 32606
D	Peggy Kimerling	5318 NW 38th Place	Gainesville FL 32606
D	Marco Thomas	5308 NW 38th PLace	Gainesville FL 32606

10. E-mail Address: stowellp@cox.net

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Patricia Stowell Patricia Stowell

04/03/2012

352-338-0834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Names and Street Addresses of Additional Officer and/or Directors

Name of		Street Address of Each	
<u>Title</u>	<u>Officer/Director</u>	<u>Officer/Director</u>	<u>City/State/Zip</u>
D	Tim Garvy	5432 NW 38 <sup>th</sup> Place	Gainesville FL 32606
D	William Karras	5625 NW 38 <sup>th</sup> Place	Gainesville FL 32606
D	Alysa Lancaster	3721 NW 55 <sup>th</sup> Terrace	Gainesville FL 32606
D	Rita Dayawon	5412 NW 38 <sup>th</sup> Place	Gainesville FL 32606