

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L32549 (2)**  
 1. Corporation Name  
**TIMBERWOOD RECREATION, INC.**



Principal Place of Business <b>% WILLIAM L. TOWNSEND, JR.</b> <b>200 REID ST. FIRST UNION BANK BLDG.</b> <b>PALATKA FL 32177</b>	Mailing Address <b>% WILLIAM L. TOWNSEND, JR.</b> <b>200 REID ST. FIRST UNION BANK BLDG.</b> <b>PALATKA FL 32177</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/27/1989</b>	3a. Date of Last Report <b>01/29/1996</b>
21 Suite, Apt. #, etc.	26	22 City & State	27	4. FEI Number <b>59-2981258</b>	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	6. 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>TOWNSEND, WILLIAM L., JR.</b> <b>200 REID ST., FIRST UNION BANK BLDG.</b> <b>P.O. BOX 250</b> <b>PALATKA FL 32177</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIMANTI, M. BRUCE</b>	1.2 NAME	
STREET ADDRESS	<b>807 ST. JOHNS AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOWNSEND, WILLIAM L., JR</b>	2.2 NAME	
STREET ADDRESS	<b>200 REID ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROOD, RAYMOND S.</b>	3.2 NAME	
STREET ADDRESS	<b>RT. 1, BOX 33</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INTERLACHEN FL</b>	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROWE, JOHN D.</b>	4.2 NAME	
STREET ADDRESS	<b>RT. 5, BOX 1801</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William L. Townsend, Jr. **SIGNATURE REQUIRED** **4/21/97** **(904) 328-9676**  
 William L. Townsend, Jr., Vice Pres./Director Date Daytime Phone #

CR2E034 (9/96)