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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State
05-31-2001 90004 023 ****61.25

DOCUMENT # N00000003508

1. Entity Name

TIMBER CREST ACRES OWNER'S ASSOCIATION,INC.
a Florida not-for-profit corporation

Principal Place of Business	Mailing Address
12540 Abbey Drive Dade City,Fl.	P.O. Box 1918 Dade City,Fl. 33526

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
000 Timber Crest Ln.	P.O.Box 1918
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zephyrhills, Fl.	City & State: Dade City,Fl.
Zip: 33540 Country: Pasco	Zip: 33526 Country: Pasco

4. FEI Number — [ ] Applied For [X] Not Applicable

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
Jerome JANke 12540 Abbey Drive Dade City, Fl. 33526	Name Street Address (P.O. Box Number is Not Acceptable): 12540 Abbey DRive City: Dade City, FL Zip Code: 33526

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: Jerome Janke 6/18/01
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir/President Jerome Janke P.O.Box 1918 Dade City, Fl. 33526 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir/Secy/Treas. Carol Janke P.O. Box 1918 Dade City,Fl. 33526 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir. Leonard D. Zullo 6536 Stadium Drive, Suite A Zephyrhills,Fl.33540 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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CR2E037 (11/00)

12. I 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 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: Carol Janke May 22, 2001 352 567-0656
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #
Carol Janke, Dir./Secy