

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90112 001 \*\*\*61.25

**DOCUMENT # N00000003508**

1. Entity Name

**TIMBER CREST ACRES OWNER'S ASSOCIATION, INC.**



Principal Place of Business

**000 TIMBER CREST LANE  
ZEPHYRHILLS FL 33540**

Mailing Address

**PO BOX 1918  
DADE CITY FL 33526**

2. Principal Place of Business

3. Mailing Address

**7306 Timber Crest Ln.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Zephyrhills, FL 33540**

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JANKE, JEROME  
12540 ABBEY DR  
DADE CITY FL 33526**

7. Name and Address of New Registered Agent

Name  
**Richard Seelbach**

Street Address (P.O. Box Number is Not Acceptable)  
**7306 Timber Crest Ln.**

City

**Zephyrhills,**

**FL**

Zip Code  
**33540**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**January 18, 2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
**PD**  
NAME  
**JANKE, JEROME** ☒ Delete  
STREET ADDRESS  
**P O BOX 1918**  
CITY-ST-ZIP  
**DADE CITY FL 33526**

TITLE  
**STD**  
NAME  
**JANKE, CAROL J** ☒ Delete  
STREET ADDRESS  
**P O BOX 1918**  
CITY-ST-ZIP  
**DADE CITY FL 33526**

TITLE  
**VD**  
NAME  
**ZULLO, LEONARD D.** ☒ Delete  
STREET ADDRESS  
**6536 STADIUM DR, SUITE A**  
CITY-ST-ZIP  
**ZEPHYRHILLS FL 33540**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
**PD** ☒ Change ☐ Addition  
NAME  
**Richard Seelbach**  
STREET ADDRESS  
**7306 Timber Crest Ln.**  
CITY-ST-ZIP  
**Zephyrhills, FL 33540**

TITLE  
**STD** ☒ Change ☐ Addition  
NAME  
**Erika Cross**  
STREET ADDRESS  
**7349 Timber Crest Ln**  
CITY-ST-ZIP  
**Zephyrhills, FL 33540**

TITLE  
**VD** ☐ Change ☐ Addition  
NAME  
**Jocelyn Kepinski**  
STREET ADDRESS  
**7250 Timber Crest Ln.**  
CITY-ST-ZIP  
**Zephyrhills, FL 33540**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 another line empowered.

SIGNATURE: **Richard Seelbach**

Jan. 18, 2003 813 779-4114

CR2E037 (10/02)