

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01667 (7)**
1. Corporation Name
TIMBER LAKE ESTATES, INC.



Principal Place of Business: **34301 COUNTRYSIDE DRIVE ZEPHYRHILLS FL 33543**
Mailing Address: **34301 COUNTRYSIDE DRIVE ZEPHYRHILLS FL 33543**

3. Date Incorporated or Qualified: **02/27/1984**
3a. Date of Last Report: **03/15/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2334374	Applied For			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required			
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees			
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMARA, JOSEPH
3104 POND HOLLOW STREET
ZEPHYRHILLS FL 33543**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, 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 617.0503, Florida Statutes.

SIGNATURE: *Joseph J. Camara* **Joseph J. CAMARA** **2-2-96**
Signature, typed or printed name of registered agent and his, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD
NAME	BROUCHER, DOUGLAS	12 NAME	ERIC CHRISTIAN
STREET ADDRESS	3121 POND HOLLOW STREET	13 STREET ADDRESS	34105 ESTATES LANE
CITY-ST-ZIP	ZEPHYRHILLS FL	14 CITY-ST-ZIP	ZEPHYRHILLS FL 33543
TITLE	VD	21 TITLE	VD & SD
NAME	DAY, JOHN	22 NAME	JOHN DAY
STREET ADDRESS	34111 ESTATES LANE	23 STREET ADDRESS	34111 ESTATES LANE
CITY-ST-ZIP	ZEPHYRHILLS FL	24 CITY-ST-ZIP	ZEPHYRHILLS FL 33543
TITLE	SD	31 TITLE	TD
NAME	WINKENWERDER, ANN	32 NAME	ANN WINKENWERDER
STREET ADDRESS	3125 HIDDEN LAKE DRIVE	33 STREET ADDRESS	3125 HIDDEN LAKE DRIVE
CITY-ST-ZIP	ZEPHYRHILLS FL	34 CITY-ST-ZIP	ZEPHYRHILLS FL 33543
TITLE	TD	41 TITLE	D
NAME	CAMARA, JOSEPH	42 NAME	JARED BROWN
STREET ADDRESS	3104 POND HOLLOW STREET	43 STREET ADDRESS	34134 ESTATES LANE
CITY-ST-ZIP	ZEPHYRHILLS FL	44 CITY-ST-ZIP	ZEPHYRHILLS FL 33543
TITLE	D	51 TITLE	D
NAME	DULLEN, GEORGE	52 NAME	ERICH RUPPERT
STREET ADDRESS	3130 HIDDEN LAKE DRIVE	53 STREET ADDRESS	34041 ESTATES LANE
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	ZEPHYRHILLS FL 33543
TITLE	D	61 TITLE	
NAME	SAGE, RICHARD	62 NAME	
STREET ADDRESS	34114 BROWN BAYOU	63 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Joseph J. Camara* **Joseph J. CAMARA** **2/2/96** **813 788 6647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE/TIME PHONE #

CR2E037 (12/95)