# 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

100001783531
-04/17/96--01022--044
***61.25

DOCUMENT # N20350 (7)

1. Corporation Name

**TIMBERLANE HOMEOWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 126<br>BEVERLY HILLS FL 34465<br>US | P.O. BOX 126<br>BEVERLY HILLS FL 34465<br>US |

3. Date Incorporated or Qualified: 04/27/1987

3a. Date of Last Report: 04/03/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2794275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

MISCIAGNO, JAMES
2828 W ANTIOCH LN
LECANTO FL 34461

**10. Name and Address of New Registered Agent**

81 Name: SYLVIA EISEN
82 Street Address (P.O. Box Number is Not Acceptable): 1118 NORTH LOMBARDO
83
84 City: LECANTO FL 85 Zip Code: 34461

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: SYLVIA EISEN Sylvia Eisen, Treasurer 3/5/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | ~~VP~~ | ☐ DELETE |
| NAME | EISEN, SYLVIA | |
| STREET ADDRESS | 1118 N. LOMBARDO AVE. | |
| CITY-ST-ZIP | LECANTO FL | |
| TITLE | ~~PD~~ | ☑ DELETE |
| NAME | ~~WOODRUFF, BRUCE~~ | |
| STREET ADDRESS | ~~1849 N PRESPECT AVE~~ | |
| CITY-ST-ZIP | ~~LECANTO FL~~ | |
| TITLE | ~~VPD~~ | ☑ DELETE |
| NAME | ~~REIKER, TOM~~ | |
| STREET ADDRESS | ~~1711 N PROSPECT AVE~~ | |
| CITY-ST-ZIP | ~~LECANTO FL~~ | |
| TITLE | ~~TD~~ | ☑ DELETE |
| NAME | ~~MISCIAGNO, JAMES~~ | |
| STREET ADDRESS | ~~2828 W. ANTIOCH LANE~~ | |
| CITY-ST-ZIP | ~~LECANTO FL 34461~~ | |
| TITLE | ~~DS~~ | ☑ DELETE |
| NAME | ~~BENTLEY, AL~~ | |
| STREET ADDRESS | ~~2828 LAUREEN ST.~~ | |
| CITY-ST-ZIP | ~~LECANTO FL~~ | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | TREASURER | ☑ Change ☐ Addition |
| 1.2 NAME | EISEN, SYLVIA | |
| 1.3 STREET ADDRESS | 1118 N. Lombardo Ave | |
| 1.4 CITY-ST-ZIP | Lecanto, FL. 34461 | |
| 2.1 TITLE | PRESIDENT | ☑ Change ☐ Addition |
| 2.2 NAME | TOM RIEKER (D) | |
| 2.3 STREET ADDRESS | 1711 N. PROSPECT AVE | |
| 2.4 CITY-ST-ZIP | LECANTO FL 34461 | |
| 3.1 TITLE | 2nd VICE PRESIDENT | ☑ Change ☐ Addition |
| 3.2 NAME | PAMELA HABERKORN (D) | |
| 3.3 STREET ADDRESS | 2658 W. ANTIOCH LANE | |
| 3.4 CITY-ST-ZIP | LECANTO, FL 34461 | |
| 4.1 TITLE | 1ST VICE PRESIDENT | ☑ Change ☐ Addition |
| 4.2 NAME | JOHN KREIDLER (D) | |
| 4.3 STREET ADDRESS | 1769 N. PROSPECT | |
| 4.4 CITY-ST-ZIP | LECANTO, FL 34461 | |
| 5.1 TITLE | SECRETARY | ☑ Change ☐ Addition |
| 5.2 NAME | DIANE WAHLEIN | |
| 5.3 STREET ADDRESS | 1120 N. GREENTREE | |
| 5.4 CITY-ST-ZIP | LECANTO FL 34461 | |
| 6.1 TITLE | CRIME WATCH CHAIRMAN | ☐ Change ☑ Addition |
| 6.2 NAME | RAY Raphael (D) | |
| 6.3 STREET ADDRESS | 1115 N. CARNIVAL Terr. | |
| 6.4 CITY-ST-ZIP | Lecanto, FL 34461 | SC 4-16-96 |

CR2E037 (12/95)

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:** Sylvia Eisen SYLVIA EISEN 3/5/96 904-527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #