

# 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 # N21863 (8)**  
1. Corporation Name  
**TIMBERLANE COMMONS OWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1286 TIMBERLANE ROAD TALLAHASSEE FL 32312** **1286 TIMBERLANE ROAD TALLAHASSEE FL 32312**

3. Date Incorporated or Qualified **08/03/1987** 3a. Date of Last Report **02/01/1995**  
4. FEI Number **59-2958269** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

## 9. Name and Address of Current Registered Agent

**JONES, BILL**  
~~1284-B TIMBERLANE RD~~  
**TALLAHASSEE FL 32312**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2233 Monaghan Dr**  
83  
84 City **Tallahassee** FL 85 Zip Code **32308**

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/18/96**

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PD ROBINSON, GREG 1282 TIMBERLANE RD TALLAHASSEE FL  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
T JONES, BILL 1284-B TIMBERLANE RD. TALLAHASSEE FL  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VPSD LARSEN, JAMES 1302 TIMBERLANE RD TALLAHASSEE FL  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/18/96** (904) 893-2507  
Daytime Phone #

CR2E037 (12/95)