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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32312-1765

3. Date Incorporated or Qualified
08/03/1987

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 1282 Timberlane Rd
Suite, Apt. #, etc.

26 2233 Monaghan Dr
Suite, Apt. #, etc.

4. FEI Number
59-2958269

Applied For
Not Applicable

22 1282 Timberlane Rd

27

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

23 Tallahassee FL

28 Tallahassee, FL

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

24 32312 25 USA

29 32308 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, BILL
2233 MONAGHAN DRIVE
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title 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 ☐ DELETE
NAME ROBINSON, GREG
STREET ADDRESS 1282 TIMBERLANE RD
CITY - ST - ZIP TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE T ☐ DELETE
NAME JONES, BILL
STREET ADDRESS 2233 MONAGHAN DRIVE
CITY - ST - ZIP TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE VPSD ☐ DELETE
NAME LARSEN, JAMES
STREET ADDRESS 1302 TIMBERLANE RD
CITY - ST - ZIP TALLAHASSEE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

William E. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97
Date

Daytime Phone # 0008478

CR2E037 (9/96)