02221999-90119-035-$61.25-$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90119 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21863

1. Corporation Name
TIMBERLANE COMMONS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% FRANK J. MERCER, CPA 1292 TIMBERLANE ROAD TALLAHASSEE FL 32312 US	% FRANK J. MERCER, CPA 1292 TIMBERLANE ROAD TALLAHASSEE FL 32312 US

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

3. Date Incorporated or Qualified: 08/03/1987
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

9. Name and Address of Current Registered Agent

JONES, BILL
2233 MONAGHAN DRIVE
TALLAHASSEE FL 32309

10. Name and Address of New Registered Agent

81 Name: FRANK J. MERCER
82 Street Address (P.O. Box Number is Not Acceptable): 1292 Timberlane Rd
83
84 City: Tallahassee FL 85 Zip Code: 32312

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, 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] DATE: 1/7/1999
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstated.

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MERCER, FRANK	
STREET ADDRESS	1294 TIMBERLANE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	President/Director (1)
TITLE	T	☐ DELETE
NAME	JONES, BILL	
STREET ADDRESS	2233 MONAGHAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPSD	☐ DELETE
NAME	LARSEN, JAMES	
STREET ADDRESS	1302 TIMBERLANE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer/Director (2)	☐ Change ☐ Addition
1.2 NAME	Rob Murrell	
1.3 STREET ADDRESS	1236 Timberlane Rd	
1.4 CITY-ST-ZIP	Tallahassee, Fl 32312	
2.1 TITLE	VP/Director (3)	☐ Change ☐ Addition
2.2 NAME	Bill Heyser	
2.3 STREET ADDRESS	1270 Timberlane Rd	
2.4 CITY-ST-ZIP	Tallahassee, Fl 32312	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: [signature] REQUIRED 1/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date