FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -3 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32103 (6)

1. Corporation Name

TIMBER OAKS GOLF CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8575 PONDEROSA AVE. PORT RICHEY FL 34668 US	8575 PONDEROSA AVE. PORT RICHEY FL 34668 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1989
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2947760 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KINDEN, TERANCE
10528 SPRINGWOOD DR.
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☒ Addition
NAME	DAGUE, GENE	12 NAME	MAJKA, RAY	
STREET ADDRESS	10511 MOSQUERO DR	13 STREET ADDRESS	10961 SANDTRAP DR	
CITY-ST-ZIP	PORT RICHEY FL	14 CITY-ST-ZIP	PORT RICHEY FL	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BOUGHTON, HARVEY	22 NAME		
STREET ADDRESS	10929 SANDTRAP DR	23 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	CARDINAL, JOHN L	32 NAME		
STREET ADDRESS	8420 PEBBLE DR	33 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	CLOWES, JAMES	42 NAME		
STREET ADDRESS	11231 ROLLINGWOOD DR.	43 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	NEIL, PATRICIA	52 NAME		
STREET ADDRESS	8415 ELGIN DR.	53 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	54 CITY-ST-ZIP		
TITLE	PD	61 TITLE		☐ Change ☐ Addition
NAME	KINDEN, TERANCE	62 NAME		
STREET ADDRESS	10528 SPRINGWOOD DR.	63 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY 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)(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: James Clowes James Clowes, Treasurer Feb, 27, 1995 8138631072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047660