

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 # N32103 (6)

1. Corporation Name

TIMBER OAKS GOLF CLUB ASSOCIATION, INC.



Principal Place of Business

8575 PONDEROSA AVE.
PORT RICHEY FL 34668
US

Mailing Address

8575 PONDEROSA AVE.
PORT RICHEY FL 34668
US

3. Date Incorporated or Qualified
05/04/1989

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

KINDEN, TERANCE
10528 SPRINGWOOD DR.
PORT RICHEY FL 34668

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 D ☒ DELETE
NAME DAGUE, GENE
STREET ADDRESS 10511 MOSQUERO DR
CITY-ST-ZIP PORT RICHEY FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME MAJKA, RAY
1.3 STREET ADDRESS 10961 SANDTRAP DR
1.4 CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE VD ☒ DELETE
NAME BOUGHTON, HARVEY
STREET ADDRESS 10929 SANDTRAP DR
CITY-ST-ZIP PORT RICHEY FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME HELD, CLIFFORD
2.3 STREET ADDRESS 10631 QUIMBY DR
2.4 CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE D ☒ DELETE
NAME CARDINAL, JOHN L
STREET ADDRESS 8420 PEBBLE DR
CITY-ST-ZIP PORT RICHEY FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME HELD, MARIE
3.3 STREET ADDRESS 10631 QUIMBY DR
3.4 CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE TD ☐ DELETE
NAME CLOWES, JAMES
STREET ADDRESS 11231 ROLLINGWOOD DR.
CITY-ST-ZIP PORT RICHEY FL 34668

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME WRIGHT, WILLARD E.
4.3 STREET ADDRESS 10632 MIRA VISTA DR
4.4 CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE SD ☐ DELETE
NAME NEIL, PATRICIA
STREET ADDRESS 8415 ELGIN DR.
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE PD ☐ DELETE
NAME KINDEN, TERANCE
STREET ADDRESS 10528 SPRINGWOOD DR.
CITY-ST-ZIP PORT RICHEY FL 34668

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 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:

JAMES CLOWES, TREASURER

March 27, 1996

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