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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32103** (6)

1. Corporation Name

TIMBER OAKS GOLF CLUB ASSOCIATION, INC.

Principal Place of Business

**8575 PONDEROSA AVE.
PORT RICHEY FL 34868
US**

Mailing Address

**8575 PONDEROSA AVE.
PORT RICHEY FL 34868-2764
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/04/1989		3a. Date of Last Report 04/03/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2947760		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**KINDEN, TERANCE
10528 SPRINGWOOD DR.
PORT RICHEY FL 34868**

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 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

James C. Clowes, Treasurer

(NOTE: Registered Agent signature required when reinstating)

March 26, 1997

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MAJKA, RAY <input type="checkbox"/> DELETE	1.1 TITLE	TD CLOWES, JAMES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAJKA, RAY	1.2 NAME	CLOWES, JAMES
STREET ADDRESS	10961 SANDTRAP DR	1.3 STREET ADDRESS	11231 ROLLINGWOOD DR
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	PORT RICHEY FL
TITLE	VD HEL, CLIFFORD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD HELD, CLIFFORD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEL, CLIFFORD	2.2 NAME	HELD, CLIFFORD
STREET ADDRESS	10631 QUIMBY DR	2.3 STREET ADDRESS	10631 QUIMBY DR
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	PORT RICHEY FL
TITLE	D HELD, MARIE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELD, MARIE	3.2 NAME	
STREET ADDRESS	10631 QUIMBY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	D WRIGHT, WILLARD E <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, WILLARD E	4.2 NAME	
STREET ADDRESS	10632 MIRA VISTA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	SD NEIL, PATRICIA <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIL, PATRICIA	5.2 NAME	
STREET ADDRESS	8415 ELGIN DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	PD KINDEN, TERANCE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINDEN, TERANCE	6.2 NAME	
STREET ADDRESS	10528 SPRINGWOOD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	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: **James C. Clowes, Treasurer**

March 26, 1997

813-8631072

CR2E037 (9/96)