

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**8575 PONDEROSA AVE.
PORT RICHEY FL 34668
US**

**8575 PONDEROSA AVE.
PORT RICHEY FL 34668
US**

2. Principal Place of Business

2a. Mailing Address

21 10528 Springwood Dr.

26 10528 Springwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Port Richey, Florida

28 Port Richey, Florida

Zip

Country

Zip

Country

24 34668

25 Pasco

29 34668

30 Pasco

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/04/1989

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D MAJKA, RAY**
STREET ADDRESS **10961 SANDTRAP DR**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☒ DELETE

NAME **TD CLOWES, JAMES**
STREET ADDRESS **11231 ROLLINGWOOD DR.**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☒ DELETE

NAME **D HELD, MARIE**
STREET ADDRESS **10631 QUMBY DR**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☒ DELETE

NAME **D WRIGHT, WILLARD E**
STREET ADDRESS **10632 MIRA VISTA DR**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ DELETE

NAME **SD NEIL, PATRICIA**
STREET ADDRESS **8415 ELGIN DR.**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ DELETE

NAME **PD KINDEN, TERANCE**
STREET ADDRESS **10528 SPRINGWOOD DR.**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ DELETE

NAME **PD KINDEN, TERANCE**
STREET ADDRESS **10528 SPRINGWOOD DR.**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ DELETE

NAME **PD KINDEN, TERANCE**
STREET ADDRESS **10528 SPRINGWOOD DR.**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ DELETE

NAME **PD KINDEN, TERANCE**
STREET ADDRESS **10528 SPRINGWOOD DR.**
CITY-ST-ZIP **PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **VD Joseph S. Mazorra**
1.3 STREET ADDRESS **10531 Quimby Dr.**
1.4 CITY-ST-ZIP **Port Richey, FL 34668**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **DT Norman J. Konzen**
2.3 STREET ADDRESS **8314 Winding Wood Dr**
2.4 CITY-ST-ZIP **Port Richey, FL 34668**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D Bernice Flood**
3.3 STREET ADDRESS **10538 Salamanca Dr**
3.4 CITY-ST-ZIP **Port Richey, FL 34668**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D John W. Phillips**
4.3 STREET ADDRESS **8514 Elgin Dr.**
4.4 CITY-ST-ZIP **Port Richey, FL 34668**

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

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.

SIGNATURE: **TERANCE KINDEN, RESIDENT 4/24/98 (813) 863-7898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000.000

CR2E037 (10/97)