FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N32103

1. Corporation Name

TIMBER OAKS GOLF CLUB ASSOCIATION, INC.

Principal Place of Busines
10528 SPRINGWOOD DR
PORT RICHEY FL 34668
110

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

10528 SPRINGWOOD DR PORT RICHEY FL 34668 US

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90219 023 ****61.25

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

05/04/1989

59-2947760

4. FEI Number

Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be	23		28					1 00 100	quireu
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name RINDEN, TERANCE 10528 SPRINGWOOD DR PORT RICHEY, FL'34668 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. City 15. Street Address (P.O. Box Number is Not Acceptable) 15. 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 16. Signature required when revestableg) 17. 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 18. Signature required when revestableg) 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. NAME MAJKA, RAY 10. DELETE 11. TITLE 12. OFFICERS AND DIRECTORS IN 12 12. TITLE 13. TITLE 14. TITLE 14. TITLE 14. TITLE 14. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 16. Change 16. Addition 17. STATE ADDRESS 16. S		Country	Zip Co		ry	6. Election Campaign Financing	П	•	,
KINDEN, TERANCE 10528 SPRINGWOOD DR. PORT RICHEY, FL 34688 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes. the above-need corporation submits this statement for the purpose of changing its registered agent agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, to 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 agent and stile if explicable. (NOTE: Registered Agent signature required when reestating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D	24	25	29	30		Trust Fund Contribution Added			Fees
KINDEN, TERANCE 10528 SPRINGWOOD DR PORT RICHEY FL 34668 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 of 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent algoritum required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME MAJKA, RAY 12 NAME 13 STREET ADDRESS CITY-ST-ZP PORT RICHEY FL 14 CITY-ST-ZP PORT RICHEY FL 14 CITY-ST-ZP 15 TITLE VD OBLETE 15 TITLE VD OBLETE 15 TITLE VD OBLETE 16 TITLE DT OBLETE 17 DELETE 18 TITLE DT OBLETE OBLETE 18 TITLE OBLETE OBLETE		9. Name and Address of Current	Registered Agent			10. Name and Address of New F	legistered /	Agent	
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SACITY ST. 7ID				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 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 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 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 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 supplied with this filing does not qualify for the exemption of the second stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption of the second stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption of the second stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is section 119.07(3)(i) and it is section 119.07(3)(ii) and it is section 119.07(3)(iii) and it is section 119.07(3)(i	14. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exem	ption stated in s	Section 119.07(3)(i), Florida Statutes.	further cer	tify that the ir	formation

indicated on this annual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as it made under dain; that I am at 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.

(727)863-7898

Applied For

\$8.75 Additional

Not Applicable