

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

DOCUMENT # N32103

1. Corporation Name

TIMBER OAKS GOLF CLUB ASSOCIATION, INC.

Principal Place of Business

10528 SPRINGWOOD DR
PORT RICHEY FL 34668
US

Mailing Address

10528 SPRINGWOOD DR
PORT RICHEY FL 34668
US



* 4 8 5 3 1 2 - 9 0 2 1 9 - 2 3 2 *

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

TITLE VD ☐ DELETE
NAME MAZORRA, JOSEPH S
STREET ADDRESS 10531 QUIMBY DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE DT ☐ DELETE
NAME KONZEN, NORMAN J
STREET ADDRESS 8314 WINDING WOOD DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☐ DELETE
NAME FLOOD, BERNICE
STREET ADDRESS 10538 SALAMANCA DR
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE PD ☐ DELETE
NAME 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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Terance Kinden* SIGNATURE REQUIRED: *TERANCE KINDEN, PRESIDENT* 4/20/99 (717) 863-7898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)