FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:42

DOCUMENT # **N32522** **(7)**

1. Corporation Name

TIMBERLAKE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 65 JENNINGS FL 32053	P.O. BOX 65 JENNINGS FL 32053

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1989
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-3086233 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HENDRICK, PAUL
111 S CENTRAL AVE
JASPER FL 32052

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	POOR, BOBBY E	1.2 NAME		
STREET ADDRESS	RT. 1 BOX 920	1.3 STREET ADDRESS		
CITY-ST-ZIP	JENNINGS FL 32053	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MICHLIK, JOHN	2.2 NAME		
STREET ADDRESS	RT. 1 BOX 610	2.3 STREET ADDRESS		
CITY-ST-ZIP	JENNINGS FL 32053	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, LYNDA	3.2 NAME		
STREET ADDRESS	RT. 1 BOX 920	3.3 STREET ADDRESS		
CITY-ST-ZIP	JENNINGS FL 32053	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	NABINGER, ANGELINE	4.2 NAME		
STREET ADDRESS	RT. 1 BOX 995	4.3 STREET ADDRESS		
CITY-ST-ZIP	JENNINGS FL 32053	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D V	☒ Change ☐ Addition
NAME	HOWARD, RILEY	5.2 NAME	HOWARD, RILEY	
STREET ADDRESS	211 BROOKWOOD PL	5.3 STREET ADDRESS	5856 OLD OSTA DR	
CITY-ST-ZIP	VALDOSTA FL 31602	5.4 CITY-ST-ZIP	LAKE PARK GA. 31636	
TITLE	V	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LEWIS, JERRY	6.2 NAME	ONEY, ROBERT	
STREET ADDRESS	RT 1 N/A	6.3 STREET ADDRESS	107 VALLEY DR.	
CITY-ST-ZIP	JENNINGS FL	6.4 CITY-ST-ZIP	BRANDON FL. 33510	

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)(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: Bobby E. Poor BOBBY E. POOR 27 FEB 95 912 333 3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000300