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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32522** (7)
1. Corporation Name
TIMBERLAKE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business P.O. BOX 65 JENNINGS FL 32053	Mailing Address P.O. BOX 65 JENNINGS FL 32053
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2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 05/25/1989	
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. 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	

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 Saunders Tyre	82 Street Address (P.O. Box Number is Not Acceptable) 6111 NW 31st Circle
83 City Jennings FL 32053	84 Zip Code FL

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: *Saunders Tyre* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	D POOR, BOBBY E
STREET ADDRESS	RT. 1 BOX 920
CITY-ST-ZIP	JENNINGS FL
TITLE	☐ DELETE
NAME	D MICHUK, JOHN
STREET ADDRESS	RT. 1 BOX 610
CITY-ST-ZIP	JENNINGS FL
TITLE	☐ DELETE
NAME	ST WRIGHT, LYNDA
STREET ADDRESS	RT. 1 BOX 920
CITY-ST-ZIP	JENNINGS FL
TITLE	☐ DELETE
NAME	DV SAUNDERS, TYRE
STREET ADDRESS	RT 1 BOX 214A 6111 NW 31st Circle
CITY-ST-ZIP	JENNINGS FL Jennings FL 32053
TITLE	☒ DELETE
NAME	DP HOWARD RILEY
STREET ADDRESS	5856 DE OSTA DR
CITY-ST-ZIP	LAKE PARK GA
TITLE	☐ DELETE
NAME	D WIDDON, VAN
STREET ADDRESS	5331 2ND DR
CITY-ST-ZIP	VALDOSTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☒ Addition
NAME	D Gullledge, Charlie
STREET ADDRESS	Rt 1, Box 996
CITY-ST-ZIP	Jennings FL 32053
2.1 TITLE	☐ Change ☒ Addition
NAME	D Sedivy, Clarence
STREET ADDRESS	Rt 1, Box 977
CITY-ST-ZIP	Jennings FL 32053
3.1 TITLE	☐ Change ☒ Addition
NAME	D Tomlinson, Curtis
STREET ADDRESS	5791 Hickory Grove
CITY-ST-ZIP	Lake Park GA
4.1 TITLE	☒ Change ☐ Addition
NAME	DP Tyre, Saunders
STREET ADDRESS	6111 NW 31st Circle
CITY-ST-ZIP	Jennings FL 32053
5.1 TITLE	☐ Change ☒ Addition
NAME	D Wright, David
STREET ADDRESS	Rt 1, Box 976
CITY-ST-ZIP	Jennings FL 32053
6.1 TITLE	☒ Change ☐ Addition
NAME	DV Widdon, Van
STREET ADDRESS	Rt 1
CITY-ST-ZIP	Jennings FL 32053

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: *Saunders Tyre*

Feb 12, 1998

CR25037 (10/97)

D
Winzell, Claude E
Rt 1, Box 607
Jennings FL 32053

D
Oney, Robert
6048 Ridgeway Drive
Zephyrhills FL 33541

D
Blake, Scott
Rt 1
Jennings FL 32053