FILE NOW: FILING FEE IS $61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State
03-05-1999 90132 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N32522**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/25/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3086233 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SAUNDERS TYRE
6111 NW 31ST CIR
JENNINGS FL 32053

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 _____ 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	D	☐ DELETE	1.1 TITLE	Fay Smith	☐ Change ☑ Addition
NAME	POOR, BOBBY E		1.2 NAME		
STREET ADDRESS	RT. 1 BOX 920		1.3 STREET ADDRESS	6798 NW 31st Cir	
CITY-ST-ZIP	JENNINGS FL		1.4 CITY-ST-ZIP	Jennings FL 32053-2538	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	MICHLIK, JOHN		2.2 NAME	Roger Ehlert	
STREET ADDRESS	RT. 1 BOX 610		2.3 STREET ADDRESS	801 6th Avenue NW	
CITY-ST-ZIP	JENNINGS FL		2.4 CITY-ST-ZIP	Jasper FL 32052	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	WRIGHT, LYNDA		3.2 NAME	Robert Oney	
STREET ADDRESS	RT. 1 BOX 920		3.3 STREET ADDRESS	6048 Ridgeway Drive	
CITY-ST-ZIP	JENNINGS FL		3.4 CITY-ST-ZIP	Zephyrhills FL 33541	
TITLE	~~DV~~ D P	☐ DELETE	4.1 TITLE		☐ Change ☑ Addition
NAME	SAUNDERS, TYRE		4.2 NAME	Clarence L. Sedivy	
STREET ADDRESS	6111 NW 31ST CIR		4.3 STREET ADDRESS	3689 NW 63rd Blvd	
CITY-ST-ZIP	JENNINGS FL 32053		4.4 CITY-ST-ZIP	Jennings FL 32053	
TITLE	~~DP~~ D	☐ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME	HOWARD RILEY		5.2 NAME	Curtis Tomlinson	
STREET ADDRESS	5856 DE OSTA DR		5.3 STREET ADDRESS	5791 Hickory Grove Road	
CITY-ST-ZIP	LAKE PARK GA		5.4 CITY-ST-ZIP	Lake Park GA 31636	
TITLE	DV D Withdrawn	☐ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME	~~WIDDON~~, VAN		6.2 NAME	Blake Scott	
STREET ADDRESS	5331 2ND DR		6.3 STREET ADDRESS	Rt 1, Box 819	
CITY-ST-ZIP	VALDOSTA GA		6.4 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, with all other like empowered.

SIGNATURE: V. Saunders REQUIRED Feb. 8, 1999 904-364-5799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)