2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90011 010 ****61.25

DOCUMENT # N32522

1. Entity 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 32053-0065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3086233 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAUNDERS TYRE 6111 NW 31ST CIR JENNINGS FL 32053	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, FAY 6798 NW 31ST CIR JENNINGS FL 32053-2538	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Van Whiddon P P. O. Box 977 Lake Park GA 31636 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EHLERT, ROGER 801 6TH AVE NW JASPER FL 32053	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charles Rigby VP 6159 NW 31st Circle Jennings FL 32053 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ONEY, ROBERT 6048 RIDGEWAY DR ZEPHYRHILLS FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marianne Siders T 6243 NW 31st Circle Jennings FL 32053 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SADIVY, CLARENCE L 3689 B NW 63RD BLVD JENNINGS FL 32053	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lynda Wright D/S 6103 NE NW 31st Circle Jennings FL 32053 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TOMLINSON, CURTIS 5791 HICKORY GROVE RD LAKE PARK GA 31636	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bobby E. Poor D 6103 NE NW 31st Circle Jennings FL 32053 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, BLAKE RT 1 BOX 819 JENNINGS FL 32053	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Virgil W. Siders D 6243 NW 31st Circle Jennings FL 32053 — ☑ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stat[illegible]at the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Lynda Wright 21Apr00 904/938-3431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #