## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

JENNINGS FL 32053

3. Mailing Address

City & State

Suite, Apt. #, etc

P.O. BOX 65

## **DOCUMENT # N32522**

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

P.O. BOX 65

JENNINGS FL 32053



Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90087 022 \*\*\*\*61.25

FILED

1. Entity Name TIMBERLAKE PROPERTY OWNERS' ASSOCIATION, INC.

> M CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3086233 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

TIUMUUTU

Zip 6. Name and Address of Current Registered Agent Correct spelling MITCHELL CUNTON T Clinton T. McCahill Street Address (P.O. Box Number is Not Acceptable) 104 HATLEY STREET JASPER FL 32052 City 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. I am familiar with, and accept

the obligations of registered agent.

**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 Florida Department of State

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Addition TITLE TITLE Change Delete NAME RIGBY, CHARLES NAME Steve Burrell STREET ADDRESS 6159 NW 31ST CIRCLE STREET ADDRESS 6677 NW 31st Circle CITY-ST-ZIP CITY-ST-7IP JENNINGS FL 32053 <u>Jennings, FL 32053</u> Addition Change TITLE TITLE Delete SIDERS, VIRGIL NAME NAME Robert Clark STREET ADDRESS 6243 NW 31ST CIRCLE STREET ADDRESS 127 First St. E CITY-ST-ZIP CITY-ST-ZIP JASPER FL 32053 Nokomis, FL ☐ Change 😾 Addition TITLE Delete TITLE Dha chul 🖫 l SIDERS, MARIANNE NAME NAME Charles Hart 6243 NW 31ST CIRCLE STREET ADDRESS STREET ADDRESS 2734 NW 61st Ave. CITY-ST-ZIP JENNINGS FL 32053 CITY-ST-ZIP <del>Jennings, Fl 32053</del> W. PD Change Addition TITLE ☐ Delete TITLE TYRE, SAUNDERS NAME NAME Roy Hollingsworth STREET ADDRESS 6111 NW 31ST CIRCLE STREET ADDRESS 6085 NW 37th Drive CITY-ST-ZIP JENNINGS FL 32053 CITY-ST-ZIP <u>Jennings, FL 32053</u> Addition TITLE ☐ Delete TITLE Change D TAITT, JAMES NAME NAME Stan Lawson 3285 NW CR 141 STREET ADDRESS STREET ADDRESS 6449 NW 31st Circle CITY-ST-ZIP CITY-ST-ZIP JENNINGS FL 32053 <u>Jennings, FL</u> Addition TITLE ☐ Delete TITLE Change TAITT, CAROLE E NAME NAME Clarence Sedivy STREET ADDRESS STREET ADDRESS 3285 NW CR 141 3689 NW 63rd Blvd.

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that 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:

4-28-03

386-938-479