FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 25 1997 8:00am

Secretary of State

Daytme Phone 6003471

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N37208

(8)

TYMBER TRACE HOMEOWNERS ASSOCIATION, INC.								
Principal Plac	e of Business	Mailing Address			- I HOODING OOD DIGHT SAURT HAN DANGU S	BIS BIRIL BIRIL DIRIL	Charl Digit 8	
ig riverside da Rmond Beach Fl 32176 S		P.O. BOX 0396 Ormond Beach FL 32 US	175-0396					
•					3. Date Incorporated or Qualified 03/22/1990		f Last Rep 1/1996	xort
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEt Number 59-2999239			lied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	5. Certificate of Status Desired S8.75 Addition Fee Regulire			
City & States	te	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	
Ζip	Country	Zip	Coul	ntry	8. This corporation has liability for		unders 1	
4	9. Name and Address of Cu	rcent Registered Agent	30		Florida Statutes 10. Name and Address of New R	Yes N		
	g. Hame and Addiess Of Ot	SITELLY LIABISTANDE WHALLY		81 Name	19, HUMBY WILL MUDICE OF HOW IT	A SINISH WAS		
JORAI IA	DIPAK D.				rone (D.O. Pou Number in Not Assessed	hlo		
	RSIDE DR.		Ì		ress (P.O. Box Number is Not Accepta	ibiej		
ORMOND	BEACH FL 32176		į	83				
			ļ	84 City	erita de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición	FL ⁸	5 Zip Co	ode
					and a state of the	purpose of cha	anging its i	registere
11. Pursuant	to the provisions of Sections 617	7.0502 and 617.1508, Florida S	tatutes, the at	ove-named corp	poration submits this statement for the			
11. Pursuant office or agent. La	to the provisions of Sections 617 registered agent, or both, in the S am familiar with, and accept the c	7.0502 and 617.1508, Florida S State of Florida. Such change v obligations of, Section 617.050	tatutes, the at vas authorized 3, Florida State	ove-named corp by the corporal ites.	poration submits this statement for the tion's board of directors. I hereby according	ept the appoint	ment as re	gistered
						ept the appoint	ment as re	gistered
SIGNATURE	Signalize Typed or printed name of register			ove-named corporal by the corporal tes. Agent signature requirements		DATE		
SIGNATURE	Signature type for printed runne of registers OFFICERS	ed agent and tile if applicable	(NOTE Registered	Agent signature requ	red when reinstating)	DATE ICERS AND DIF		IN 12
SIGNATURE 12.	Signature type for printed range of registers OFFICERS PD JOBALIA, DIPAK D	ed agent and tille if applicable S AND DIRECTORS	(NOTE Registered	Agent signature requi	red when reinstating)	DATE ICERS AND DIF	RECTORS	IN 12
SIGNATURE I 2. IIILE IAME	Signature types for printed ration of registral OFFICERS PD JOBALIA, DIPAK D 846 RIVERSIDE DR.	ed agen and the diapplicable SIAND DIRECTORS DELETE	(NOTE Registered 13. 1.1 Till 1.2 NA	Agent signature requi	red when reinstating)	DATE ICERS AND DIF	RECTORS	IN 12
SIGNATURE 2. IILE IAME STREEL ADDRESS CITY ST-ZIP	Signature typed or printed name of registers OFFICERS PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32176	ed agen and the flappicable S AND DIRECTORS DELETE	(NOTE Registered 13. 1.1 fri 1.2 NA 1.3 ST 1.4 Cri	Agent a gnature required to the second secon	red when reinstating)	DATE ICERS AND DIF	RECTORS Change	IN 12 ☐ Additio
SIGNATURE 12. IIITLE STREET ADDRESS CITY - ST-7/P	Signature types or printed ratios of registers OFFICERS PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32170 VD	ed agen and the diapplicable SIAND DIRECTORS DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 Til	Agent a gnature required. LE ME REET ADORESS Y - ST - ZIP	red when reinstating)	DATE ICERS AND DIF	RECTORS Change	IN 12 ☐ Additio
SIGNATURE 12. IIITLE NAME STREEL ADDRESS CITY - ST - ZIP UITLE NAME	OFFICERS PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32170 VD TURCO, RON	ed agen and the flappicable S AND DIRECTORS DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 Til 2.2 NA	Agent signature required. LE ME REET ADORESS Y-ST-ZIP LE ME	red when reinstating)	DATE ICERS AND DIF	RECTORS Change	IN 12 ☐ Additio
SIGNATURE 12. IIILE NAME STREEL ADDRESS THE E NAME STREEL ADDRESS	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32170 VD TURCO, RON 846 RIVERSIDE DR.	6 DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 Til 2.2 NA 2.3 ST	Agent sonature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	red when reinstating)	DATE ICERS AND DIF	RECTORS Change	IN 12
SIGNATURE 2. ITLE IAME STREEL ADDRESS ITLE ITLE IAME STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32176 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32176 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32176	6 BAND DIRECTORS DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 2.4 CI 2.4 CI	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS [Y-ST-ZIP]	red when reinstating)	DATE ICERS AND DIF	RECTORS Change Change	IN 12 Addition
2. ITLE IAME ITTE IAME ITTE IAME ITTE IAME ITTE IAME ITTE IAME IA	Signature typed or pended name of registers OFFICERS PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32176 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32176 STD	6 DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII	Agent signature required to the signature requirement of the signature req	red when reinstating)	DATE ICERS AND DIF	RECTORS Change	IN 12 Addition
2. III.E IAME ITEE ADDRESS III.Y ST-ZIP ITEE IAME ITEET ADDRESS III.Y ST-ZIP ITEE ITEET ADDRESS III.Y ST-ZIP ITEE	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32176 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32176 STD MURRAY, MARY ANN	6 BAND DIRECTORS DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2.4 CI 3.1 Til 3.2 NA	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME ME	red when reinstating)	DATE ICERS AND DIF	RECTORS Change Change	IN 12 Addition
2. III.E IAME ITHE IADRESS III.Y ST-ZIP ITHE IAME IAME IAME IAME IAME IAME IAME IAM	Signature types or pensed review of registers PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32176 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32176 STD MURRAY, MARY ANN 846 RIVERSIDE DR.	6 DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CI 2.1 Til 2.2 NA 2.3 ST 2.4 CI 3.1 Til 3.2 NA 3.3 ST	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	red when reinstating)	DATE ICERS AND DIF	RECTORS Change Change	IN 12 Addition
SIGNATURE 2. ITLE IAME STREET ADDRESS CITY ST-ZIP ITLE IAME STREET ADDRESS CITY ST-ZIP ITLE IAME IAME STREET ADDRESS CITY ST-ZIP ITLE IAME STREET ADDRESS CITY ST-ZIP	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32176 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32176 STD MURRAY, MARY ANN	6 DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 GI	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IF-ST-ZIP	red when reinstating)	DATE ICERS AND DIR	RECTORS Change Change Change	IN 12 Addition Addition Addition
SIGNATURE 2. ITLE IAME STREEL ADDRESS DITY: ST-ZIP ITLE	Signature types or pensed review of registers PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32176 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32176 STD MURRAY, MARY ANN 846 RIVERSIDE DR.	6 DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2.4 CI 3.1 Til 3.2 NA 3.3 ST 3.4 CI	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	red when reinstating)	DATE ICERS AND DIR	RECTORS Change Change Change	IN 12 Addition Addition Addition
SIGNATURE 2. ITLE IAME STREET ADDRESS CITY ST-7IP ITLE IAME STREET ADDRESS TITLE IAME STREET ADDRESS CITY-ST-7IP ITLE IAME STREET ADDRESS CITY-ST-7IP ITLE VAME	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32170 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170	6 DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	red when reinstating)	DATE ICERS AND DIR	RECTORS Change Change Change	IN 12 Addition Addition Addition
SIGNATURE 2. IIILE AME IIRELI ADDRESS IIIV-SI-ZIP IILE IAME IARELI ADDRESS IIV-SI-ZIP IILE IAME	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32170 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170	6 DELETE DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 4.4 CI 4.4 CI	Agent signature required. LE ME REET ADDRESS Y - ST - ZIP LE ME REET ADDRESS IY - ST - ZIP LE ME REET ADDRESS IY - ST - ZIP LE ME REET ADDRESS IY - ST - ZIP LE ME REET ADDRESS	red when reinstating)	DATE ICERS AND DIE	RECTORS Change Change Change	IN 12 Addition Addition Addition Addition
SIGNATURE 2. IIILE AME THEFI ADDRESS IIIV-SI-7IP IILE AME THEFI ADDRESS IIIV-SI-7IP IILE AME THEFI ADDRESS IIV-SI-7IP IILE AME THEFI ADDRESS IIV-SI-7IP IILE THEFI ADDRESS IIV-SI-7IP	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32170 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170	6 DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 4.4 CI 4.4 CI	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	red when reinstating)	DATE ICERS AND DIE	RECTORS Change Change Change	IN 12 Addition Addition Addition
SIGNATURE 2. IIILE AME TREET ADDRESS ITY ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP ITLE TREET ADDRESS TY-ST-ZIP ITLE TREET ADDRESS TY-ST-ZIP ITLE TREET ADDRESS TY-ST-ZIP ITLE	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32170 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170	6 DELETE DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CII 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 4.4 CI 4.4 CI	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE LE ME	red when reinstating)	DATE ICERS AND DIE	RECTORS Change Change Change	IN 12 Addition Addition Addition
2. III.E	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32170 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170	6 DELETE DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE LE ME	red when reinstating)	DATE ICERS AND DIE	RECTORS Change Change Change	IN 12 Addition Addition Addition
SIGNATURE 12. IIITE IAME STREEL ADDRESS CITY ST-7IP IITE IAME STREEL ADDRESS CITY ST-7IP ITEE IAME STREEL ADDRESS CITY ST-7IP	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32170 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170	6 DELETE DELETE DELETE DELETE DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI	Agent signature required. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	red when reinstating)	DAYE ICERS AND DIE	Change Change Change Change	IN 12 Addition Addition Addition Addition Addition Addition
SIGNATURE 12. IIITE IAME STREEL ADDRESS CITY ST-7IP IITE IAME STREEL ADDRESS CITY ST-7IP ITE IAME STREEL ADDRESS CITY ST-7IP ITE IAME STREEL ADDRESS CITY ST-7IP ITE VAME STREEL ADDRESS CITY ST-7IP ITE VAME STREEL ADDRESS CITY ST-7IP ITE IAME	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32170 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170	6 DELETE DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 4.3 ST 4.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 Til	Agent signature required to the signature re	red when reinstating)	DAYE ICERS AND DIE	Change Change Change Change	IN 12 Addition Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY: \$1-71P TITLE NAME STREEL ADDRESS CITY: \$1-72P TITLE NAME	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32170 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170	6 DELETE DELETE DELETE DELETE DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TiI 6.2 NA	Agent signature required to the signature re	red when reinstating)	DAYE ICERS AND DIE	Change Change Change Change	IN 12 Addition Addition Addition Addition Addition
11. Pursuant office or agent. Ta signature 12. Title name street address city state address city add	PD JOBALIA, DIPAK D 846 RIVERSIDE DR. ORMOND BEACH FL 32170 VD TURCO, RON 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170 STD MURRAY, MARY ANN 846 RIVERSIDE DR. ORMOND BEACH FL 32170	6 DELETE DELETE DELETE DELETE DELETE	(NOTE Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TII 6.2 NA 6.3 ST	Agent signature required to the signature re	red when reinstating)	DAYE ICERS AND DIE	Change Change Change Change	