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NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENTOF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Aug 05 1998 8:00am Secretary of State

1. Corporation Name  Tymber Trace Homeowners Association, Inc.  Principal Place of Business  P. O. Box 906 New Smyrna Beach, Florida 32170  2. Principal Place of Business 21 New Smyrna Beach Suite. Apt #. etc. 22 Suite. Apt #. etc. 23 New Smyrna Beach, Florida Suite. Apt #. etc. 26 Suite. Apt #. etc. 27 City & State 28 New Smyrna Beach, Florida Suite. Apt #. etc. 30 New Smyrna Beach, Florida Suite. Apt #. etc. 31 New Smyrna Beach, Florida Suite. Apt #. etc. 32 City & State 33 New Smyrna Beach, Florida Suite. Apt #. etc. 34 New Smyrna Beach, Florida Suite. Apt #. etc. 35 New Smyrna Beach, Florida Suite. Apt #. etc. 36 Election Campaign Financing St.00 May Be Added to Fees Required Proposition of Society & State 36 New Smyrna Beach, Florida Suite. Apt #. etc. 37 Country Proposition of Society & State Suite Suite. Apt #. etc. 38 New Smyrna Beach, Florida Suite. Apt #. etc. 39 New Smyrna Beach, Florida Suite. Apt #. etc. 40 Suite. Apt #. etc. 41 Suite. Apt #. etc. 42 Suite. Apt #. etc. 43 New Smyrna Beach, Florida Suite. Apt #. etc. 44 Election Campaign Financing St.00 May Be Added to Fees Involved Country Proposition of Society & State Involved Country Proposition State of Proposition State
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New Smyrna Beach, Florida 32170  4. FEI Number 59-2999239  2. Principal Place of Business 2. Certificate of Status Desired Status Desired Fee Required  Sulte, Apt #. etc. 3. Certificate of Status Desired Pee Required  Sulte, Apt #. etc. 3. City & State 3. New Smyrna Beach, Fl 28 New Smyrna Beach, Fl 3. Is this nonprofit corporation a homeowners association? 3. It is this nonprofit corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Nes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  81 Name William N. Gambert, Esquire 82 Street Address (P.O. Box Number is Not Acceptable) 101 E. Yelkca Terrace, Suite B
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City & State   Trust Fund Contribution   Added to Fees
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84 City B5 Zip Code FL 95 Zip Code FL 96 32 132  11. Pursuant to the provisions of Sections 617.0502 and 617.1408, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registerer.
14. Pursuant to the provisions of Sections 617.0502 and 617.1408, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registerer
office or registered agent, or both, in the State of Utrida. Styrn 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a point accept the appointment as registered agent. I am familiar with a point accept the appointment as registered agent. I am familiar with a point accept the appointment as registered agent. I am familiar with a point accept the appointment as registered agent. I am familiar with a point accept the appointment as registered agent. I am familiar with a point accept the appointment as registered agent. I am familiar with a point accept the appointment as registered agent. I am familiar with a point accept the appointment as registered agent. I am familiar with a point accept the appointment accept the
SIGNATURE Signature: typed or priviled name of registered agent and when it applicable (NOTE: Registered Agent signature required when reinstating)  DATE:
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DO DE Change Maddition  Change Maddition
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NAME 4.2 NAME T/D
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14. Thereby 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 eath; that I am an officer or director of the cyroporation 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 planged, or on an attachment with an address.