


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37208

1. Corporation Name

Timber Trace Homeowners Association, Inc.

400002608544
 -08/05/98--01093--044
 ***61.25

Principal Place of Business Mailing Address
P. O. Box 906
New Smyrna Beach, Florida 32170

3. Date Incorporated or Qualified

3/22/90

4. FEI Number

59-2999239

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 New Smyrna Beach

26 P. O. Box 906

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 New Smyrna Beach, FL

28 New Smyrna Beach, FL

Zip

Country

Zip

Country

24 32168

25 Volusia

29 32170

30 Volusia

9. Name and Address of Current 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

83

84 City

Edgewater

FL

85 Zip Code

32132

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 617.0603, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/24/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/D** ☒ DELETE

NAME **Dipak D. Jobalia**
 STREET ADDRESS **846 Riverside Dr.**
 CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE **V/D** ☒ DELETE

NAME **Ron Turco**
 STREET ADDRESS **846 Riverside Dr.**
 CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE **S/T/D** ☒ DELETE

NAME **Mary Ann Murray**
 STREET ADDRESS **846 Riverside Dr.**
 CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE **Ormond Beach, FL 32176** ☒ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11 TITLE

P/D

12 NAME

Richard Dion

13 STREET ADDRESS

1357 Wayne Ave

14 CITY-ST-ZIP

New Smyrna Beach, FL 32168

21 TITLE

V/P/D

22 NAME

Ruth Stanieich

23 STREET ADDRESS

615 Middlebury Loop

24 CITY-ST-ZIP

New Smyrna Beach, FL 32168

31 TITLE

V/P

32 NAME

Nancy McSweeney

33 STREET ADDRESS

692 Middlebury Loop

34 CITY-ST-ZIP

New Smyrna Beach, FL 32168

41 TITLE

New Smyrna Beach, FL 32168

42 NAME

T/D

43 STREET ADDRESS

Morley Pearce

44 CITY-ST-ZIP

653 Middlebury Loop

51 TITLE

New Smyrna Beach, FL 32168

52 NAME

S

53 STREET ADDRESS

Rosemarie Frutchey

54 CITY-ST-ZIP

631 Middlebury Loop

61 TITLE

New Smyrna Beach, FL 32168

62 NAME

PC

63 STREET ADDRESS

85

64 CITY-ST-ZIP

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.

SIGNATURE: **Rosemarie Frutchey** **6/8/98** **904-424-9994**

CR2E037 (10/97)