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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1995 APR -6 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003378 (7)

1. Corporation Name

TIMBERLANE/WOODLAKE CIVIC ASSOCIATION, INC.

300001452023

-04/10/95--01042--016

******130.00 ****130.00**
DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**10101 ROYAL ACRES COURT
TAMPA FL 33615**

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TAMPA FL 33615**

3. Date Incorporated or Qualified
07/27/1993

3a. Date of Last Report
04/28/1994

4. FEI Number
59-3193630

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$9.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 9510 Letterstone ct

26 P.O. Box 260761

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA FL

City & State

28 TAMPA FL

Zip

24 33615

Country

25 USA

Zip

29 33685-0761

Country

30 USA

9. Name and Address of Current Registered Agent

**WINGEREID, SUSAN
10101 ROYAL ACRES COURT
TAMPA FL 33615**

10. Name and Address of New Registered Agent

**81 Name Lewis, Jr. Carlton
82 Street Address (P.O. Box Number is Not Acceptable)
9510 Letterstone Court**

84 City Tampa

85 Zip Code FL 33615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Carlton Lewis Jr. **CARLTON LEWIS JR.**

14 MARCH 1995

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME WINGEREID, SUSAN
STREET ADDRESS 10101 ROYAL ACRES CT
CITY - ST - ZIP TAMPA FL 40**

**TITLE VD
NAME MAC GREGOR, BETTY
STREET ADDRESS 7105 HARBOR HILLS
CITY - ST - ZIP TAMPA FL**

**TITLE SD
NAME WEBB, DENYCE
STREET ADDRESS 10110 HICKORY HOLLOW
CITY - ST - ZIP TAMPA FL 40**

**TITLE TD
NAME HENSON, MARIANNE
STREET ADDRESS 8203 BUCKSTONE PL
CITY - ST - ZIP TAMPA FL**

**TITLE D
NAME LEWIS, CARLTON J
STREET ADDRESS 9510 LETTERSTONE CT
CITY - ST - ZIP TAMPA FL**

**TITLE D
NAME BRANDY, LUZ
STREET ADDRESS 9507 BAYTREE
CITY - ST - ZIP TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE PD ☒ Change ☐ Addition
12 NAME LEWIS, CARLTON
13 STREET ADDRESS 9510 LETTERSTONE CT.
14 CITY - ST - ZIP TAMPA, FL 33615**

**21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP**

**31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP**

**41 TITLE ☐ Change ☐ Addition
42 NAME HENSON, MARIANNE
43 STREET ADDRESS 8203 BUCKSTONE PL
44 CITY - ST - ZIP TAMPA, FL 33615**

**51 TITLE ☒ Change ☐ Addition
52 NAME D
53 STREET ADDRESS WINGEREID, SUSAN
54 CITY - ST - ZIP 10101 ROYAL ACRES CT 33615**

**61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this 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:

SUSAN WINGEREID

(Signature and typed or printed name of signing officer or director)

3/5/95

813-888-8377

Date

(Typed Name)