

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003378 (7)

1. Corporation Name

TIMBERLANE/WOODLAKE CIVIC ASSOCIATION, INC.



Principal Place of Business

9510 LETTERSTONE COURT
TAMPA FL 33615

Mailing Address

P.O. BOX 260761
TAMPA FL 33685-0761

3. Date Incorporated or Qualified
07/27/1993

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3193630

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLTON, LEWIS JR.
9510 LETTERSTONE COURT
TAMPA FL 33615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME LEWIS, CARLTON
STREET ADDRESS 9510 LETTERSTONE COURT
CITY-ST-ZIP TAMPA FL 33615

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

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

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☒ DELETE

3.1 TITLE ☒ Change ☐ Addition

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

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME HENSON, MARIANNE
STREET ADDRESS 8203 BUCKSTONE PL
CITY-ST-ZIP TAMPA FL 33615

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME WINGEREID, SUSAN
STREET ADDRESS 10101 ROYAL ACRES COURT
CITY-ST-ZIP TAMPA FL 33615

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

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

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SD
HENSON, MARIANNE
8203 BUCKSTONE PL
TAMPA FL 33615

TD
BRADY, LUZ
9507 BAYTREE COURT
TAMPA FL 33615

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)