

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005086

1. Entity Name

TIMBERLIN PARC HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

920 THIRD ST
STE B
NEPTUNE BEACH FL 32266
US

920 THIRD ST
STE B
NEPTUNE BEACH FL 32266
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3355769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, L. DENISE
920 THIRD ST
STE B
JACKSONVILLE BEACH FL 32250

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ~~XXXX~~
NAME GRUBER, PAUL
STREET ADDRESS 7933 TIMBERLIN PARK BLVD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME PENNINGTON, VICTORIA
STREET ADDRESS 7735 TIMBERLIN PARC BLVD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE STD ☒ Change ☐ Addition
NAME Pennington, Victoria
STREET ADDRESS 7735 TimberlinParc Blvd
CITY-ST-ZIP Jacksonville, FL 32256

TITLE VPD ☐ Delete
NAME SPIECHERT, JOHN
STREET ADDRESS 9010 DEERCRESS CT
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME RAY, KRISTEN
STREET ADDRESS 9189 STRAPASS DR
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TRD ☐ Delete
NAME LUCIANO, ANTHONY
STREET ADDRESS 8891 TIMBERJACK LN
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE PD ☒ Change ☐ Addition
NAME Luciano, Anthony
STREET ADDRESS 8891 Timberjack Lane
CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Change ☒ Addition
NAME Gabriel Lobo-Blanco
STREET ADDRESS 9141 Spindletree Way
CITY-ST-ZIP Jacksonville FL 32256

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony Luciano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02
Date

Daytime Phone #

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90136 050 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)