

Articles

764100

NAME Ausley Law Firm (LLC)
 ADDRESS 121 S. Calhoun St.
 CITY Tall STATE FLA A/C PHONE # 221-9115

5541	7/13/82	30.00	JS
800	7		
5541	7/13/82	5.00	JS
800	6		
5541	7/13/82	3.00	JS
800	3		

LIST CORPORATION(S)

Timely Late Homecoming
and Inc. of Tallahassee

Authorization given to sign
name by. Daniel C. Fair
Ausley Law Firm

VALIDATION ONLY

 DOMESTIC PROFIT NON-PROFIT AMENDMENT MERGER FOREIGN DISSOLUTION MARK CERTIFIED COPY CERTIFICATE OF SEAL LIMITED PARTNERSHIP ANNUAL REPORT RESERVATION OTHER WALK IN WILL WAIT PICK UP CALLName ✓ - 8.560
Availability

Payment

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JULY 14 1982FBI - TAMPA
28, MD 614 P JU

ARTICLES OF INCORPORATION

OF

TIMBER LAKE HOMEOWNERS ASSOCIATION, INC., OF TALLAHASSEE

FILED

10410111 JUL 8 1982
FLORIDA DIVISION OF STATE

In compliance with the requirements of Chapter 617, Florida Statutes, the undersigned, all of whom are residents of Leon County, Florida, and all of whom are of full age, have this day voluntarily associated themselves together for the purpose of forming a corporation not for profit and do hereby certify:

ARTICLE 1

The name of the corporation is TIMBER LAKE HOMEOWNERS ASSOCIATION, INC., OF TALLAHASSEE.

ARTICLE 2

The initial registered office of the Association is located at 3210 U.S. 19 North, Clearwater, Florida 33515

and the initial registered agent there-

at is Santiago Lloveras

ARTICLE 3

PURPOSE AND POWERS OF THE ASSOCIATION

This Association does not contemplate pecuniary gain or profit to the members thereof, and the specific purposes for which it is formed are to provide for maintenance, preservation and architectural control of the residence lots and easement areas with-

in that certain tract of property known as "Timber Lake Townhomes" and being described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF.

and to promote the health, safety and welfare of the residents within the above described property and any additions thereto as may hereafter be brought within the jurisdiction of this Association for this purpose to:

(a) exercise all of the powers and privileges and to perform all of the duties and obligations of the Association as set forth in that certain Declaration of Restrictive Covenants (hereinafter called the "Declaration"), applicable to the property and recorded or to be recorded in the Office of the Clerk of the Circuit Court of Leon County, Florida, and as the same may be amended from time to time as therein provided, said Declaration being incorporated herein as if set forth at length;

(b) fix, levy, collect and enforce payment by any lawful means, all charges or assessments pursuant to the terms of the

Declaration; to pay all expenses in connection therewith and all expenses incident to the conduct of the business of the Association, including all licensas, taxes or governmental charges levied or imposed against the property of the Association;

(c) acquire (by gift, purchase or otherwise), own, hold, improve, build upon, operate, maintain, convey, sell, lease, transfer, dedicate for public use or otherwise dispose of real or personal property in connection with the affairs of the Association;

(d) borrow money, and with the assent of two-thirds (2/3) of each class of members mortgage, pledge, deed in trust, or hypothecate any or all of its real or personal property as security for money borrowed or debts incurred;

(e) participate in mergers and consolidations with other nonprofit corporations organized for the same purposes or annex additional residential property and Common Area, provided that any such merger, consolidation or annexation shall have the assent of two-thirds (2/3) of each class of members;

(f) have and to exercise any and all powers, rights and privileges which a corporation organized under the Non-Profit Corporation Law of the State of Florida by law may now or hereafter have or exercise.

ARTICLE 4

MEMBERSHIP

Every person or entity who is a record owner of a fee or undivided fee interest in any lot which is subject under the

Declaration to assessment by the Association, including contract sellers, shall be a member of the Association. The foregoing is not intended to include persons or entities who hold an interest merely as security for the performance of an obligation. Membership shall be appurtenant to and may not be separated from ownership of any lot which is subject to assessment by the Association. The original owner and developer of Timber Lake Townhomes is U.S. Resico, Inc., a Florida corporation, herein sometimes referred to as "Declarant".

ARTICLE 5

VOTING RIGHTS

The Association shall have two classes of voting membership:

Class A. Class A members shall be all those owners as defined in paragraph 8(a) of the Declaration of Restrictive Covenants of Timber Lake Townhomes, with the Developer. Class A members shall be entitled to the number of votes indicated in Exhibit "B" attached hereto and by reference made a part hereof, for each lot or unit thereof in which they hold the interests required for membership by paragraph 8(a) of the Declaration of Restrictive Covenants of Timber Lake Townhomes. When more than one person holds such interest or interests

in any lot or unit of a lot, all such persons shall be members, and the vote for such lot or unit of a lot shall be exercised as they among themselves determine, but in no event shall more than the number of votes set forth in Exhibit "B" be cast with respect to any such lot or unit thereof.

Class B. Class B members shall be the Developer. The Class B member shall be entitled to two times the number of votes for each lot as set forth in Exhibit "B" in which it holds the interest required for membership by paragraph (a) of the Declaration of Restrictive Covenants of Timber Lake Townhomes, provided that the Class B membership shall cease and become converted to a Class A membership when the total votes outstanding in the Class A membership equals the total votes outstanding in the Class B membership, at which time the Class B membership shall be determined to be a Class A membership and entitled to vote as such.

ARTICLE 6

OFFICERS

The following officers shall serve in their respective capacities until January 1, 1984, unless they sooner resign or are replaced by the Board of Directors.

President. J. Warren Hughes

Vice President Santiago Lloveras

Secretary/Treasurer. Frank C. Logan

DIRECTORS

The corporation shall initially be managed by a Board of Directors consisting of three (3) members, who will serve until January 1, 1984, unless they sooner resign. On January 1, 1984 (unless said initial Board elects to do so sooner) the initial Board shall appoint a successor Board of Directors consisting of five (5) members, no including any of the initial Board members, who shall serve until the annual meeting immediately following their appointment. At each annual meeting thereafter the members of the Association shall elect five (5) Directors for a term of one year. With the exception of the initial Board, all Board members shall be homeowners in TIMBER LAKE.

The initial Directors and their respective residences are:

J. Warren Hughes, President, 3210 U.S. 19 North, Clearwater, Fl. 33515

Santiago Llovers, Vice President, 3210 U.S. 19 North, Clearwater, Fl. 33515

Frank C. Logan, Secretary/Treasurer, 3210 U.S. 19 North, Clearwater, Fl. 33515

ARTICLE 7

DISSOLUTION

The Association may be dissolved with the assent given in writing and signed by not less than two-thirds (2/3) of each class of members. Upon dissolution of the Association, other than incident to a merger or consolidation, the assets of the Association shall be dedicated to an appropriate public agency to be used for purposes similar to those for which this Association was created. In the event that such dedication is refused acceptance, such assets shall be granted, conveyed and assigned to any nonprofit corporation, association, trust or other organization to be devoted to such similar purposes.

ARTICLE 8

DURATION

The corporation shall exist perpetually unless sooner dissolved.

ARTICLE 9

AMENDMENTS

Amendment of these Articles shall require the assent of 75 per cent (75%) of the total number of votes authorized under these Articles. Amendments may be proposed by the Board of Directors or any member of the Association. Amendments to the By-Laws shall be made by the majority vote of the members of the Association. The initial By-Laws shall be adopted by a majority of the initial Board of Directors.

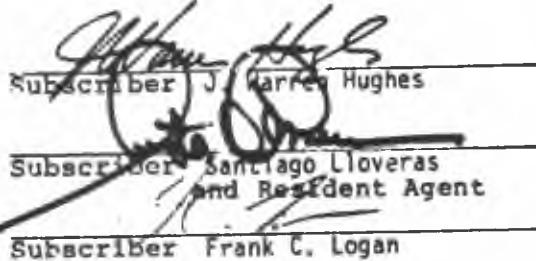
XX

ARTICLE 10
SUBSCRIBERS

The name and address of each subscriber is:

- (1) J. Warren Hughes, 3210 U.S. 19 North, Clearwater, Fl. 33515
- (2) Santiago Lloveras, 3210 U.S. 19 North, Clearwater, Fl. 33515
- (3) Frank C. Logan, 3210 U.S. 19 North, Clearwater, Fl. 33515

EXECUTED this 30th day of June, 1982.



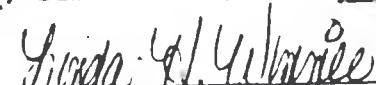
Subscriber J. Warren Hughes

Subscriber Santiago Lloveras
and Resident Agent

Subscriber Frank C. Logan

STATE OF FLORIDA,
COUNTY OF Pinellas

The foregoing Articles of Incorporation were acknowledged
before me by J. Warren Hughes, Santiago Lloveras,
and Frank C. Logan, subscribers, this 30th day of
June, 1982.



NOTARY PUBLIC, State of Florida
My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES MAR 18 1986
BONDED THRU GENERAL INS. UND.



Lloveras, Baur and Stevens

Engineers - Surveyors

EXHIBIT "A"

National Society
of
Professional Engineers

Florida Engineering
Society

Florida Water
Pollution Control
Association

American Society
of
Civil Engineers

Florida Society
of
Professional Land
Surveyors

Tampa Bay Society
of
Professional Land
Surveyors

American
Congress
on
Surveying
and
Mapping

DESCRIPTION:

Commence at the southeast corner of Section 2, Township 1 South, Range 1 East, Leon County, Florida; thence N. $02^{\circ}43'00''$ W., along the east boundary of said Section 2, 1340.40 feet to the southeast corner of the N.E. 1/4 of the S.E. 1/4 of said Section 2, the Point of Beginning; thence continue N. $02^{\circ}43'00''$ W., along said east boundary, 1577.67 feet; thence S. $87^{\circ}17'00''$ W., 494.89 feet; thence N. $02^{\circ}43'00''$ W., 324.15 feet to a point on the south right-of-way line of State Road No. 20 (U.S. Highway No. 27); thence along said south right-of-way line of State Road No. 20 (U.S. Highway No. 27) along the arc of a curve to the left that has a radius of 2489.16 feet; an arc length of 60.62 feet, a chord length of 60.62 feet, a chord bearing of N. $84^{\circ}30'54''$ W.; thence S. $02^{\circ}43'00''$ E., 413.22 feet; thence S. $87^{\circ}17'00''$ W., 300.00 feet; thence S. $02^{\circ}43'00''$ E., 177.82 feet; thence S. $87^{\circ}17'00''$ W., 511.48 feet; thence S. $02^{\circ}35'07''$ E., 1318.40 feet; thence N. $87^{\circ}19'36''$ E., 1369.39 feet to the Point of Beginning. Containing 46.384 acres, more or less.

DATE: June 30, 1982


Samy Lloveras,
Registered Engineer No. 1762

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION
ANNUAL REPORT

1983

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONSGeorge F. Johnson
Secretary of StateAug 22 3 20 1983
Filing Date
File No. 33515Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

764100
TIMBER LAKE HOMEOWNERS ASSOCIATION, INC., 0
 F TALLAHASSEE
 3230 U.S. 19 NORTH
 CLEARWATER, FL

33515

If address at Item 1 is incorrect or incomplete, see instructions on other side
of Item 2 in instructions.J Date Incorporated or Organized
To Do Business in Florida

07/08/1982

Date Entered
Entered Date
Number File No.

K Names and Street Addresses of Ex-Officers and Directors (If any)

Name of Officer and Director	Title	Street Address Officer and Director (Do NOT Use Post Office Box Number)	City and State
HUGHES, JO WARREN	P/O	3210 U.S. 19 NORTH	CLEARWATER, FL
LLOVERAS, SANTIAGO	V/D	3210 U.S. 19 NORTH	CLEARWATER, FL
LOGAN, FRANK C	S/T	3230 U.S. 19 NORTH	CLEARWATER, FL

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent	Name Street Address, City, State and Zip Code
LLOVERAS, SANTIAGO 3210 U.S. 19 NORTH	
CLEARWATER, FL	33515

9 Pursuant to the provisions of Sections 807.034 and 807.037, Florida Statutes, the undersigned, a registered agent for the State of Florida, submits this statement for the purpose of changing its registered office or registered agent for the corporation.

Such change was authorized by resolution duly adopted by the Board of Directors.

SIGNATURE

(Registered Agent Accepts Appointment)

\$3.00 additional fee required for Registered Agent changes.

10

See signature section on other instructions to register agent.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee, or Agent of the Corporation, or a Member of the Board of Directors.
I further Certify That I Understand My Signature On This Report Shall Be The Legal Equivalent Of A Notarized Signature.Signature:

Type Name of Signing Officer

J. WARREN HUGHES

PRESIDENT

8-15-83

813-441-2807

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

1984



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State.

1 Name and Address of Corporation Principal Office		2 Enter Change of Address of Corporation Principal Office: P.O. Box Number Alone Is NOT Sufficient	
<p>764100 TIMBER LAKE HOMEOWNERS ASSOCIATION, INC. F TALLAHASSEE 3210 U.S. 19 NORTH CLEARWATER, FL</p> <p>33515</p> <p>If above address is incorrect in any way, enter the correct address in Item 2 include Zip Code</p>		<p>Street Address 620 Lakeview Road</p> <p>P.O. Box No 281</p> <p>City Clearwater</p> <p>State FL</p> <p>Zip Code 33516</p>	
3 Date Incorporated or Qualified To Do Business in Florida		4 Federal Employer Identification Number (FEIN)	
07/08/1982		5 Date of Last Report	
6 Names and Street Addresses of Each Officer and Director as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
HUGHES, J. WARREN	P/D	3210 U.S. 19 NORTH	CLEARWATER, FL
LLOVERAS, SANTIAGO	V/O	3210 U.S. 19 NORTH	CLEARWATER, FL
LOGAN, FRANK C	S/T	3210 U.S. 19 NORTH	CLEARWATER, FL
7 Registered Agent Information			
7 Name and Address of Current Registered Agent		8 Name and Address of New Registered Agent	
<p>LLOVERAS, SANTIAGO 3210 U.S. 19 NORTH CLEARWATER, FL</p> <p>33515</p>		<p>Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code</p>	
9 Pursuant to the provisions of Sections 807.034 and 807.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.			
Such change was authorized by resolution duly adopted by its board of directors on _____			
SIGNATURE _____ (Registered Agent Accepting Appointment)		DATE _____	
\$3.00 additional fee required for Registered Agent changes.			
10 See signature restrictions under instructions on reverse side of this form			
<p>I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I further Certify That My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath</p> <p><i>J. Warren Hughes</i></p>			
Signature		Date <i>Feb. 3, 1984</i>	
Typed Name of Signing Officer J. Warren Hughes		Title President/Director	
		Telephone Number 813-441-2807	
11 Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment			
<p>CERTIFICATE OF STATUS DESIRED</p> <p>\$5 Additional fee required for certificates</p>			

COR 811016

DUE DATE ON OR AFTER JANUARY 1ST, PREVIOUS YEAR AFTER JULY 1ST OF EACH YEAR

CORPORATION
ANNUAL REPORT
1985



FLORIDA DEPARTMENT OF STATE
George P. Craven
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

63 APR 19

AY 12 69

Read Notes and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office		2 Name and Address of Registered Agent	
<input checked="" type="checkbox"/> 7643CC N TIMBER LAKE HOMEOWNERS ASSOCIATION, INC. 600 LAKEVIEW RD PO BOX 281 CLEARWATER, FL		Street Address 600-B Lakeview Road P.O. Box 281 City Clearwater State Florida Zip Code 33517	
<small>If above address is incorrect in any way, enter the correct address in Item 2 include Zip Code</small>			
3 Date Incorporated or Qualified To Do Business in Florida		4 Federal Employer Identification Number (FEIN)	
07/08/1982		100-103210	
5 Names and Street Addresses of Each Officer and Director as of December 31, 1984			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 HUGHES, J. WARREN	P/D	3210 U.S. 19 NORTH 600-B Lakeview Road	CLEARWATER, FL
2 LOVERAS, SANTIAGO Brown, Peter R.	V/C C/D	3210 U.S. 19 NORTH 600-B Lakeview Road	CLEARWATER, FL
3 LOGAN, FRANK C	S/T/D	3210 U.S. 19 NORTH 400 Cleveland	CLEARWATER, FL
4			
5			
6			

Registered Agent Information

7 Name and Address of Current Registered Agent		8 Name and Address of New Registered Agent	
LOVERAS, SANTIAGO 3210 U.S. 19 NORTH 600-B Lakeview Road Clearwater, FL		Name HUGHES, J. WARREN Street Address (Do NOT Use P O Box Number) 600-B Lakeview Road City, State and Zip Code Clearwater, Florida 33516	

9 Pursuant to the provisions of Sections 807.024 and 807.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida. Such change was authorized by resolution duly adopted by its board of directors on **12/10/84**. I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 807.023 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

10	See signature restrictions under instructions on reverse side of this form		
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath (Officer signing must be listed in Block 6).			

Signature		Date
		4-5-85
Type Name of Signing Officer	Title	Telephone Number
J. Warren Hughes	President	813/441-2807

11 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 additional fee required for a Certificate of Status

CR0404 (1981)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1986



Read Notice and Instructions on Other Side Before Making Your
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

764100 4
TIMBER LAKE HOMEOWNERS ASSOCIATION, INC., OF TAL
600-B LAKEVIEW RD.
P. O. BOX 281
CLEARWATER, FL 33517

Date of Incorporation	Other FEIN	Date of Change
07/08/1982		04/19/1985
A. Name and Street Address of Principal Office	Business Name	City and State
HUGHES, J. WARREN	P/O 600-B LAKEVIEW RD.	CLEARWATER, FL
BROWN, PETER R.	C/O 600-B LAKEVIEW RD.	CLEARWATER, FL
LOGAN, FRANK C.	S/T/O 400 CLEVELAND	CLEARWATER, FL

REGISTERED AGENT INFORMATION

HUGHES, J. WARREN
600-B LAKEVIEW RD.
CLEARWATER, FL 33516

Street Address of Registered Agent

City and State

FL

I, pursuant to the provisions of Sections 7704 and 602.012, Florida Statutes, the abovesigned corporation incorporated under the laws of the State of Florida, submit this statement for the purpose of changing its registered agent or both in the State of Florida. Such change was authorized by resolution of the Board of Directors of the above-named corporation.

I hereby accept the appointment of registered agent, am familiar with, and accept the obligations of Section 7704, Florida Statutes.

SIGNATURE

Registration Agent Name

DATE

\$3.00 additional fee required for Registered Agent changes.

I, J. Warren Hughes, do hereby certify that I am an officer of the above-named corporation, that I am of sound mind, and that I have read the above statement and that it is true and correct to the best of my knowledge and belief. I further certify that I am empowered to execute this instrument for purposes of incorporation, and that it will have the same legal effect as if it were executed by the President of the Corporation.

J. Warren Hughes

President

6-23-86

813-441-2807

\$3 Additional Fee
required for a
Certificate of Service

Charter Number Only

764100 FILED

1987 MAY 19 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Requestor's Name

Address

Tallahassee, FL 32302 350-1541
City State ZIP Phone

CORPORATION(S) NAME

SEARCHED INDEXED SERIALIZED FILED
FEE PAID BY REQUESTER
AMOUNT
SEARCHED \$5.00
SERIALIZED \$5.00

Timber Lake Homeowners Association, INC.,
OF TALLAHASSEE

Profit
 NonProfit

Amendment

Merger

Foreign

Dissolution

Mark

Limited Partnership
 Reinstatement

Annual Report
 Reservation

Other
 Change of Registered Agent

Certified Copy

Photo Copies

Certificate Under Seal

Call When Ready
 Walk In

Will Wait

Call If Problem

After 4:30

Mail Out

Name	4-30-87 5-19-87
Availability	
Document	B
Examiner	
Updater	B
Verifier	N
Re-verifier	L
W/P Verifier	L

ARTICLES OF AMENDMENT

FILED

TIMBER LAKE HOMEOWNERS
ASSOCIATION, INC., OF TALLAHASSEE

1987 MAY 10 PM 4:05

SECRET

In compliance with Sec. 617.018, Fla. Stat., the undersigned, on behalf of said corporation, do hereby certify:

ARTICLE I

The name of the corporation is Timber Lake Homeowner's Association, Inc., of Tallahassee.

ARTICLE II

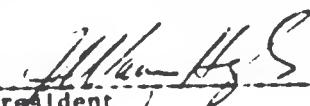
ARTICLE XI, FHA/VA APPROVAL, is hereby added, which article reads as follows:

As long as there is a Class B membership, the following actions will require the prior approval of the Federal Housing Administration or the Veterans Administration: annexation of additional properties, mergers and consolidations, mortgaging of Common Area, dedication of Common Area, dissolution and amendment of these Articles. In addition, the By-Laws of the corporation shall provide that the Federal Housing Administration or the Veterans Administration shall have the right to veto amendments while there is Class B membership.

ARTICLE III

This amendment was approved in accordance with the Articles of Incorporation and the By-Laws of the corporation on the 10th day of April, 1987. Adopted by the directors on the same date.

Executed this 10th day of April, 1987.



President

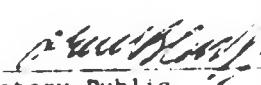


Secretary

STATE OF FLORIDA
COUNTY OF LEON

Sworn to and subscribed before me this 11th day of April, 1987 by
J. Warren Hughes, President of Timber Lake Homeowners Association, Inc., of
Tallahassee, on behalf of said corporation.

(seal)



Notary Public
My commission expires:

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

DO NOT WRITE IN THIS SPACE

CORPORATION

ANNUAL REPORT
1987FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONSRead Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

764100 4
TIMBER LAKE HOMEOWNERS ASSOCIATION, INC., OF TAL
 600-B LAKEVIEW RD.
 P. O. BOX 281
 CLEARWATER, FL 33517

If above address is incorrect in any way, enter the correct address
in Item 2. Include Zip Code.2 Enter Change of Address of Corporation Principal
Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified
To Do Business in Florida 07/08/19824 Federal Employer
Identification Number (FEIN)5 Date of
Last Report 05/27/1986

6 Names and Street Addresses of Each Officer and Director as of December 31, 1986

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
HUGHES, J. WARREN	C/P/D	600-B LAKEVIEW RD.	CLEARWATER, FL
HUGHES, J. WARREN	C/P/D	600-B Lakeview Rd.	Clearwater, Fl
BROWN, PETER A.	C/P/D	600-B LAKEVIEW RD.	CLEARWATER, FL
LOGAN, FRANK C.	S/T/A	400 CLEVELAND	CLEARWATER, FL

REGISTERED AGENT INFORMATION

6 Name and Address of New Registered Agent

7 Name and Address of Current Registered Agent

HUGHES, J. WARREN
600-B LAKEVIEW RD.
CLEARWATER, FL 33516

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85
FL.

8 Pursuant to the provisions of Sections 807.034 and 807.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 807.326 F.B.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes

10

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.B.
I Further Certify That My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
Officer signing must be listed in Block 11

Signature

Date

June 8, 1987

Type or Name of Signing Officer

J. Warren Hughes

Title

Chairman

Telephone Number

813-441-2807

11 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED \$3 Additional Fee
required for a
Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

RECEIVED
7-14-88

DO NOT WRITE IN THIS SPACE

CORPORATION



ANNUAL REPORT -
1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Filing Fee of \$25 Required - Make Checks Payable To Secretary of State

1 Name and Address of Corporation Principal Office

764100

TIMBER LAKE HOMEOWNER'S ASSOCIATION, INC., OF TA
/ -600-B LAKEYVIEW RD.
P.O. BOX 281
CLEARWATER, FL 33577

If above address is incorrect in any way, enter the correct address
in Item 2 include Zip Code

2 Enter Change of Address of Corporation Principal
Office. P.O. Box Number Alone is NOT Sufficient

Street Address 2

1557 Cinnamon Bear Circle
PO Box No 22

City and State 23

Tallahassee, Florida

Zip Code 24

32301

3 Date Incorporated or (Judged
To Do Business in Florida)

07/08/1982

4 Federal Employer
Identification Number (FEIN) Applied For

5 Date of
Last Report 06/15/1987

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1987

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers)	City and State
MUGHES, J. H. - WARRIOR -	C/P/D	600-B LAKEYVIEW RD.	CLEARWATER, FL
X Fausone, Rick	P/D	1568 Sprucewood Trail	Tallahassee, FL
X LOGAN, PRANR-E.	S/T/T/D	600 LAKEYVIEW -	CLEARWATER, FL
X Royce, Judi	V/D	1541 Cinnamon Bear Circle	Tallahassee, FL
X Barker, P. Wayne	T/D	1561 Cinnamon Bear Circle	Tallahassee, FL
X Blackburn, James E.	S/D	1557 Cinnamon Bear Circle	Tallahassee, FL
X Oven, Raney	D	(P. O. Box 13147 4145 E. Bugleview Drive)	Tallahassee, FL

REGISTERED AGENT INFORMATION

6 Name and Address of New Registered Agent

7 Name and Address of Current Registered Agent

WARRIOR, J. H. - WARRIOR

600-B LAKEYVIEW-RD.

CLEARWATER, FL 33516

Name 81

Blackburn, James E.

Street Address 1 (Do NOT Use P.O. Box Number) 82

1557 Cinnamon Bear Circle

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Tallahassee,

Zip Code 85

FL 32301

8 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on

7/14/88

I hereby accept my appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE *James E. Blackburn*
(Registered Agent Accepting Appointment)

DATE *7/20/88*

10 If a foreign corporation, date first transacted business in Florida

11 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer or Director signing must be listed in Block 6)

James E. Blackburn
Signature of Signing Officer or Director

James E. Blackburn

Title

Secretary

Date

7/1/88

Telephone Number

904-656-6229

12 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

ORIGINATOR

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

1989 JUN 19 AM 12:09

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee Of \$35 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

Timbalde Hammesee at.
1561 Cinnamon Bear Cir
Tallahassee, Fl 32301
764100

If above address is incorrect in any way enter the correct address
in item 1. Include Zip Code

2 Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient

Street Address 21

PO Box No 22
06/19/89 00170 001

City and State ANNUAL REPORT ANNUAL REPORT 35.00

Zip Code 23 TOTAL 35.00

3 Date Incorporated or Qualified
To Do Business in Florida 7/8/82

4 Federal Employer
Identification Number (FEIN) 592896865

Date of
Last Report 8/3/88

5 Names and Street Addresses of Each Officer and Director as of December 31, 1988

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
Pres	Judi Rance	1541 Cinnamon Bear Cr.	Tall. Fl. 32301
V.Pres	K. F. Barker	2368 Red Oak Dr	Tall. Fl. 32301
Treas	P. W. Barker	1561 Cinnamon Bear Cr	Tall. Fl. 32301
Secy	Nancy Holliday	2964 Cottageworks Ln	Tall. Fl. 32301
D	O'NEIL, RANEY A	H145 E. Bugleview Dr	Tall. Fl.

REGISTERED AGENT INFORMATION

6 Name and Address of Current Registered Agent

James S. Blockchin
1557 cinnamon Bear Cir
Tallahassee, Fl. 32301

8 Name and Address of New Registered Agent

P. W. Barker
Street Address 1: Do NOT Use P.O. Box Number 82
1561 Cinnamon Bear Cir.
Street Address 2: Do NOT Use P.O. Box Number 83
Tallahassee, Fl.
City and State 84
FL Zip Code 85
32301

PB 6/19/89

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 FS.

SIGNATURE

P. W. Barker
(Registered Agent Accepting Appointment)

DATE

4/19/89

10 If a foreign corporation, does this transact business in Florida _____

11.

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS
I Further Certify That My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer or Director signing must be listed in Block 6.)

Signature

P. W. Barker
Typed Name of Signing Officer or Director

Title

Treas.

Telephone Number

875-5969

12 Should you desire a certificate of status check this box

CERTIFICATE OF STATUS DESIRED

Florida Department of State
Division of Corporations

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
REGISTRATION AND INSPECTION
DIVISION OF STATE
REGISTRATION AND INSPECTION

PROVOKED
DON'T PROVOKE
ED
ED

MAR 28 1990

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name of Corporation or Assn. (Do Not Use P.O. Box)

764100 4

2. Address of Business Office (Do Not Use P.O. Box) (Must Be Located in State of Florida)

ZIP + 4 PRESORT
TIMBER LAKE HOMEOWNER'S ASSOCIATION, INC., OF TA
1561 CINNAMON BEAR CIRCLE
TALLAHASSEE, FL. 32301-4164

3. Name of State

4. City and State

5. Zip Code

6. Date Corp. Was Organized or Assn. Formed

07/06/1982

7. EIN Number Applied For

EIN Number Not Applicable

8. Name and Street Address of Each Officer or Director

Name, Title, and
Post Office Box

Name Address of Corp.

City and State

ROYCE, JUDI

1561 CINNAMON BEAR CIR

TALLAHASSEE, FL.

D DeMello, Beverly

4074 Lottawood Drall

Tallahassee, FL

BARKER, K.F.

2000 RED OAK DR.

TALLAHASSEE, FL

D Joyce, null

1561 Cinnamon Bear Circle

Tallahassee, FL

BARKER, P. W.

1561 CINNAMON BEAR CIR.

TALLAHASSEE, FL.

HOLLIDAY, NANCY

2364 COTTAGWOOD, DR.

TALLAHASSEE, FL.

OVEN, RANEY A

4145 E. 27TH ST

TALLAHASSEE, FL

REGISTERED AGENT INFORMATION

Address of Registered Agent

BARKER, P.W.
1561 CINNAMON BEAR CIRCLE
TALLAHASSEE, FL. 32301

Street Address, City, State, Zip Code, Telephone No.

FL.

I, Pursuant to the provisions of Sections 407.074 and 407.077, Florida Statutes, the undersigned, corporation incorporated under the laws of the State of Florida, submits this statement for the purpose of having my signature placed on this annual report to the Secretary of State of the State of Florida. Such signature was authorized by resolution of the members of the corporation.

I hereby declare the information contained in this report to be true and accurate to the best of my knowledge and belief. I declare under penalty of perjury that the foregoing is true and accurate to the best of my knowledge and belief.

SIGNATURE

P.W. Barker

DATE 3/5/90

I, certify that the information contained on this annual report is a complete and accurate report of the facts as I know them and that the signature shall have the same legal effects as if made under oath. I further certify that I am an officer or trustee of the corporation or the corporation is a trustee company and use this report as required by Chapter 607, FG.

SIGNATURE

Beverly DeMello

President

Date 3/5/90

11. Signature Name and Address of Person Filing Report

CERTIFICATE OF STATEMENT OF AFFIDAVIT

RECEIVED
FLORIDA DEPARTMENT OF STATE
REGISTRATION AND INSPECTION
DIVISION OF STATE
REGISTRATION AND INSPECTION

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries.

FILING FEE OF \$61.25 REQUIRED

Name and Mailing Address of Corporation DOCUMENT # 764100 (4)

PSU:JPA
TIMBER LAKE HOMEOWNER'S ASSOCIATION, INC., OF TA
LLAHASSEE
1561 CINNAMON BEAR CIRCLE
TALLAHASSEE, FL. 32301

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3 Date Incorporated or Qualifed To Do Business in Florida <u>07/08/1982</u>	4 FFI Number 59-2896865	5 FEI Number Applied For 6 FEI Number Not Applicable	5B 75 CERTIFICATE OF STATUS DESIRED
---	---------------------------------------	---	--

6. Name and Street Address of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

6 Names and Street Addresses of Each Officer and Director (Do NOT Use Any Combination of Name and Address)		Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
Title	Names of Officers and Directors		
D	DEMELLO, BEVERLY	4074 COTTAGEWOOD TRAIL	TALLAHASSEE, FL.
D	ROYCE, JUDI	1541 CINNAMON BEAR CIR.	TALLAHASSEE, FL.
T	BARKER, P. W.	1561 CINNAMON BEAR CIR.	TALLAHASSEE, FL.
S	HOLLIBAY, NANCY	2364 COTTAGEWOOD, DR.	TALLAHASSEE, FL.
D	Mc COY, TONY OVEN, RANEY A	4113 R.D. 2, P.O. #42 CT. 4145 E BUGLEVIEW DR	TALLAHASSEE, FL. TALLAHASSEE, FL. TALLAHASSEE, FL.

REGISTERED AGENT INFORMATION

Names and Addresses of Current Biographical Agents

BARKER, P.W.
1561 CINNAMON BEAR CIRCLE
TALLAHASSEE, FL. 32301

8. Name and Address of New Registered Agent

Please do not use BC Box Numbers.

***22 Street Address 3-D: NOT Use PO Box Number**

1916]

卷之三

FL.

9. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE P. RO. BARKER
Registered Agent Accounting Department

DATE 2/23/91

10. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Part II as an individual with an address.

SIGNATURE T. W. Parker
Type or Print Name of Signer T. W. Parker Date 7-15-51

~~TREASURY~~

DATE 5-2-1971
Telephone Number Dated
(404) 878-5967
\$8.75 additional fee required

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State **\$8.75 Additional Fee required for a Certificate of Status**

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

MAIL BOX

APPROVED
SEC. OF STATE
CORPORATIONS DIV
TALLAHASSEE, FLA.
FILED

Please see reverse side before mailing form
FILING FEE \$61.25 Make Payable To: Secretary of State

DOCUMENT # 764100 (4)

3. **TIMBER LAKE HOMEOWNER'S ASSOCIATION, INC., OF TA
LLAHASSEE
1561 CINNAMON BEAR CIRCLE
TALLAHASSEE FL 32311-474**

21	22	23	24
21. DATE OF FORM		22. DATE OF PAYMENT	
23. CITY AND STATE		24. ZIP CODE	

3. Date Incorporated or Qualified
To Do Business in Florida
07/08/1982

Please check all boxes that apply. **Line through the incorrect information**. Enter correct address in the box. **Do not write in this area**

3a. Month Year Filed	4. File Number	5. Estimated App. Fee	6. If Not Used Not Applicable	7. \$8.75	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
02/27/1991	59-2898865				

8. Current and Street Addresses of Officers and Directors. Checkmark indicates officer or director status. **Do not write in this area**

1	2	3	4	5	6	7
D	BEMELLO, BEVERLY	1074 COTTAGEWOOD TRAIL			TALLAHASSEE, FL.	
	MACLAFFERTY, GEORGE	1528 Bent Willow Drive			Tallahassee, FL	
D	ROYCE, JUDI	1541 CINNAMON BEAR CIR.			TALLAHASSEE, FL.	
	MCCOY, TONY	4113 Red Cedar Court			Tallahassee, FL	
T	BARKER, P. W.	1561 CINNAMON BEAR CIR.			TALLAHASSEE, FL.	
D	OVEN, RAYNE A.	1145 E BUGLEVIEW DR			TALLAHASSEE, FL	
S	MCCOY, TONY	4113 RD CEDAR CT			TALLAHASSEE, FL	

REGISTERED AGENT INFORMATION

BARKER, P.W.
1561 CINNAMON BEAR CIRCLE
TALLAHASSEE, FL. 32301

10. Yes

11. Yes

SIGNATURE

P. W. Barker

Treasurer

904 877-0155

DATE

3/9/92

SEARCHED INDEXED
SERIALIZED FILED

File Now. Filing Fee after May 1 is \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation

DOCUMENT # 784100 (4)
TIMBER LAKE HOMEOWNER'S ASSOCIATION, INC., OF TA
LLAHASSEE
1561 CINNAMON BEAR CIR
TALLAHASSEE FL 32311-4164

FILING FEE
\$200.00

ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address

21 1541

State, Apt. or Rd.

26 2. Mailing Place of Business

State, Apt. or Rd.

22

CITY & STATE

27 CITY & STATE

23

CITY

28 CITY

24

CITY

29 CITY

9. Name and Address of Current Registered Agent

BARKER, P.W.
1561 CINNAMON BEAR CIRCLE
TALLAHASSEE FL 32301

10. Pursuant to the provisions of Sections 617.101 and 617.104, Florida Statutes, the above named corporation submits the statement
to the purpose of changing its registered agent, or both, in the State of Florida. Such change will be authorized by the corporation's Board of Directors
through the signature of an officer familiar with and accepts the obligations of Section 617.104, Florida Statutes.

SIGNATURE

Judith H. Rose

DATE 11/20/93

11. OFFICES AND TRADES CHANNELS

12. OFFICES AND TRADES CHANNELS

NAME
TITLE
ADDRESS

D
MACLAFFERTY, GEORGE
1528 BENT WILLOW DR
TALLAHASSEE FL

NAME
TITLE
ADDRESS

D
MCCOY, TONY
4113 RED CEDAR CT
TALLAHASSEE FL

NAME
TITLE
ADDRESS

T
BARKER, P. W.
1561 CINNAMON BEAR CIR.
TALLAHASSEE FL

13.

OFFICES AND TRADES CHANNELS

Judith H. Rose
1541 Cinnamon Bear Cir
Tallahassee, FL

14.

SIGNATURE

Judith H. Rose

4/28/93

Treasurer

(904) 488-1504

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED
1. Corporation Name TIMBER LAKE HOMEOWNER'S ASSOCIATION INC. OF TA LLAHASSEE		DOCUMENT # 764100 (4)		94 MAR 18 AM 11:35
Mailing Address 1581 CINNAMON BEAR CIRCLE TALLAHASSEE FL 32311-4184		Principal Place of Business 1581 CINNAMON BEAR CIRCLE TALLAHASSEE FL 32311-4184		SECRETARY OF STATE TALLAHASSEE, FLORIDA
11. Please acknowledge and indicate in any way the through document information and enter correction below				DO NOT WRITE IN THIS SPACE
21. Mailing Address 21		26. Principal Place of Business 26		3. Date Incorporated or Qualified 07/08/1982
22. State App. to Inc. 22		27. State App. to Inc. 27		3a. Date of Last Report 05/01/1993
23. City & State 23		28. City & State 28		4. FEIN Number 50-2896865
Zn	Country 25	Zn	Country 29	5. Certificate of Status Desired \$B.75
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit Exempt from \$133.75 Supplemental Fee <input type="checkbox"/>				7. Nonprofit Exempt from \$133.75 Supplemental Fee <input type="checkbox"/>
8. This corporation has liability for intangible tax under S. 199 U.C.L. Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation has liability for intangible tax under S. 199 U.C.L. Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
ROYCE JUDITH H. 1541 CINNAMON BEAR CIRCLE TALLAHASSEE FL 32311				81. Name 81 82. Street Address (P.O. Box Number Is Not Acceptable) 82 83. 84. City 84 Zip Code FL 85 Zip Code
11. Pursuant to the provisions of Section 120.05(1) and (2), Florida Statutes, and 120.57(1)(b), Florida Statutes, the above named corporation submits the statement for that it desires to have its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors hereby. I, the signator of this instrument, a registered agent, am familiar with and accept the obligations of Section 120.05(5) or 617.04(3), Florida Statutes.				DATE
SIGNATURE				
12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 1994
12 NAME 12 TITLE 12 STREET ADDRESS 12 CITY STATE ZIP	D MAGLAFFERTY, GEORGE 1528 BENT WILLOW DR TALLAHASSEE FL	13 NAME 13 TITLE 13 STREET ADDRESS 13 CITY STATE ZIP	P/D P. WAYNE BARKER 1561 CINNAMON BEAR CIRCLE TALLAHASSEE, FL 32311	
12 NAME 12 TITLE 12 STREET ADDRESS 12 CITY STATE ZIP	D MCCOY, TONY 4113 RED CEDAR CT TALLAHASSEE FL	13 NAME 13 TITLE 13 STREET ADDRESS 13 CITY STATE ZIP	V/D JUDITH ROYCE 1541 CINNAMON BEAR CIRCLE TALLAHASSEE, FL 32311	
12 NAME 12 TITLE 12 STREET ADDRESS 12 CITY STATE ZIP	T ROYCE JUDITH H. 1541 CINNAMON BEAR CIRCLE TALLAHASSEE FL	13 NAME 13 TITLE 13 STREET ADDRESS 13 CITY STATE ZIP	T/D MICHELE MORRIS 1560 CINNAMON BEAR CIRCLE TALLAHASSEE, FL 32311	
12 NAME 12 TITLE 12 STREET ADDRESS 12 CITY STATE ZIP		13 NAME 13 TITLE 13 STREET ADDRESS 13 CITY STATE ZIP	S/D GAIL CHRESTENSEN 1556 CINNAMON BEAR CIRCLE TALLAHASSEE, FL 32311	
12 NAME 12 TITLE 12 STREET ADDRESS 12 CITY STATE ZIP		13 NAME 13 TITLE 13 STREET ADDRESS 13 CITY STATE ZIP		
12 NAME 12 TITLE 12 STREET ADDRESS 12 CITY STATE ZIP		13 NAME 13 TITLE 13 STREET ADDRESS 13 CITY STATE ZIP		
12 NAME 12 TITLE 12 STREET ADDRESS 12 CITY STATE ZIP		13 NAME 13 TITLE 13 STREET ADDRESS 13 CITY STATE ZIP		
14. I, the undersigned, certify that the information contained in this document is true and accurate to the best of my knowledge and belief, and is filed pursuant to the provisions stated in Section 120.05(1)(b), Florida Statutes. I release the State of Florida from any liability, civil or criminal, which may arise, in the event that the information supplied is deemed exempt from public release under the Florida Public Records Act. I further certify that the information contained in this document is complete and accurate, and that my signature shall have the same legal effect as if it were handwritten. I further certify that I am an officer or director of the corporation. I further certify that I am a resident of the state of Florida. I further certify that I am a citizen of the United States. I further certify that I am a resident of the city of Tallahassee, Florida. I further certify that I am a citizen of the state of Florida. I further certify that I am a resident of the city of Tallahassee, Florida. I further certify that I am a citizen of the United States. I further certify that my name appears in Block 12 or Block 13 above.				DATE
15. I, the undersigned, certify that the information contained in this document is true and accurate to the best of my knowledge and belief, and is filed pursuant to the provisions stated in Section 120.05(1)(b), Florida Statutes. I release the State of Florida from any liability, civil or criminal, which may arise, in the event that the information supplied is deemed exempt from public release under the Florida Public Records Act. I further certify that the information contained in this document is complete and accurate, and that my signature shall have the same legal effect as if it were handwritten. I further certify that I am an officer or director of the corporation. I further certify that I am a resident of the state of Florida. I further certify that I am a citizen of the United States. I further certify that I am a resident of the city of Tallahassee, Florida. I further certify that I am a citizen of the state of Florida. I further certify that my name appears in Block 12 or Block 13 above.				DATE
SIGNATURE: <i>Michele d. Morris</i>				3/18/94 (904)656-3974
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT

1995



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

APPROVED
AND
FILED

95 APR -3 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764100 (4)

1. Corporation Name

TIMBER LAKE HOMEOWNER'S ASSOCIATION, INC., OF TA
LLAHASSEE

Principal Place of Business

1561 CINNAMON BEAR CIRCLE
TALLAHASSEE FL 32311-4164

Mailing Address

1561 CINNAMON BEAR CIRCLE
TALLAHASSEE FL 32311-4164

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1982	3a. Date of Last Report 03/18/1994
4. FEI Number 59-2896865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business
1524 Cinnamon Bear Cir.

Suite, Apt. #, etc.
21

2a. Mailing Address
1524 Cinnamon Bear Circle

Suite, Apt. #, etc.
22

City & State
Tallahassee, FL

Zip
24 32311 Country
25 Leon

26 City & State
Tallahassee, FL

Zip
27 32311 Country
28 Leon

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ROYCE, JUDITH H.
1541 CINNAMON BEAR CIRCLE
TALLAHASSEE FL 32311

81	Name Patricia M. Kelly
82	Office Address (P.O. Box Number is Not Acceptable)
83	1524 Cinnamon Bear Circle
84	City Tallahassee FL Zip Code 32311

I want 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 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.

Patricia M. Kelly

3/28/95

SIGNATURE

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

NO (If registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARKER, P. WAYNE 1561 CINNAMON BEAR CIRCLE TALLAHASSEE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President / Director George R. Pierce, Jr. 4129 Laurel Oak Circle Tallahassee, FL 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROYCE, JUDITH 1541 CINNAMON BEAR CIRCLE TALLAHASSEE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President / Director Robert Langille, Jr. 4192 Red Oak Dr. Tallahassee, FL 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, MICHELE 1560 CINNAMON BEAR CIRCLE TALLAHASSEE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer / Director Patricia M. Kelly 1524 Cinnamon Bear Circle Tallahassee, FL 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRESTENSEN, GAIL 1556 CINNAMON BEAR CIRCLE TALLAHASSEE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Secretary / Director Barbara J. Tango 1500 Bent Willow Dr. Tallahassee, FL 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	0000001448620 -04/06/95--01008--025 ***130.00 ***130.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<i>CA</i>

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: *Patricia M. Kelly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/95 (904) 488-6816
Date Daytime Phone #