

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 # N95000004652 (2)

1. Corporation Name

THE TIMBER RIDGE OF IMMOKALEE ASSOCIATION, INC.



Principal Place of Business

2449 SANDERS PINES CIRCLE
IMMOKALEE FL 33934

Mailing Address

2449 SANDERS PINES CIRCLE
IMMOKALEE FL 33934

3. Date Incorporated or Qualified

09/27/1995

3a. Date of Last Report

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

ESTES, BRAD
2449 SANDERS PINES CIRCLE
IMMOKALEE FL 33934

81 Name

WITCHGER, JOHN

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

2449 SANDERS PINES CIRCLE

83

84 City

IMMOKALEE

FL

85 Zip Code

33934

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

WITCHGER, JOHN
1009 MADISON AVENUE
IMMOKALEE FL 33934

STREET ADDRESS

CITY - ST - ZIP

TITLE

VD

NAME

ZAWILINSKI, FRED
802 WEST MAIN STREET
IMMOKALEE FL 33934

STREET ADDRESS

CITY - ST - ZIP

TITLE

TD

NAME

NEWSOME, ROBERT
1302 NORTH 15TH STREET
IMMOKALEE FL 33934

STREET ADDRESS

CITY - ST - ZIP

TITLE

SD

NAME

HERNANDEZ, OLGA
P.O. BOX 700 N/A
IMMOKALEE FL 33934

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

MATTHEWS, JOSEPH
708 BREEZWOOD
IMMOKALEE FL 33934

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

NAME

NICHOLAS, DESILUS
P.O. BOX 2004 N/A
IMMOKALEE FL 33934

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

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

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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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:

Fred Zawilinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

941 657-4090

Daytime Phone #

CR2E037 (12/95)