FILE NOW: FILING FEE IS $61.25

FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
2449 SANDERS PINES CIRCLE IMMOKALEE FL 33934	2449 SANDERS PINES CIRCLE IMMOKALEE FL 33934

3. Date Incorporated or Qualified: 09/27/1995

4. FEI Number: 65-0748601 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24): 34142 / Country (25)	Zip (29): 34142 / Country (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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

PENCZYKOWSKI, JAMES
2449 SANDERS PINES CIRCLE
IMMOKALEE FL 33934

10. **Name and Address of New Registered Agent**

(81) Name
(82) Street Address (P.O. Box Number Is Not Acceptable)
(83)
(84) City: **FL** (85) Zip Code: 34142

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	S/D	☒ Change ☐ Addition
NAME	HERNANDEZ, OLGA		1.2 NAME	Matthews, Joseph	
STREET ADDRESS	PO BOX 700		1.3 STREET ADDRESS	706 Breezewood Terrace	
CITY-ST-ZIP	IMMOKALEE FL		1.4 CITY-ST-ZIP	Immokalee, FL 34142	
TITLE	TD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	NEWSOME, ROBERT		2.2 NAME	Beliveau, Darby	
STREET ADDRESS	1302 NORTH 15TH STREET		2.3 STREET ADDRESS	565 Anchor Rode Drive	
CITY-ST-ZIP	IMMOKALEE FL 33934		2.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	SD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HERNANDEZ, OLGA		3.2 NAME	Campos, Juan	
STREET ADDRESS	P.O. BOX 700 N/A		3.3 STREET ADDRESS	1111 Main St.	
CITY-ST-ZIP	IMMOKALEE FL 33934		3.4 CITY-ST-ZIP	Immokalee, FL 34142	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MATTHEWS, JOSEPH		4.2 NAME	Nicolas, Desilus	
STREET ADDRESS	706 BREEZEWOOD		4.3 STREET ADDRESS	211 S. Ninth St.	
CITY-ST-ZIP	IMMOKALEE FL 33934		4.4 CITY-ST-ZIP	Immokalee, FL 34142	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	NICHOLAS, DESILUS		5.2 NAME	Padilla, Gloria	
STREET ADDRESS	P.O. BOX 2004 N/A		5.3 STREET ADDRESS	402 West Main St.	
CITY-ST-ZIP	IMMOKALEE FL 33934		5.4 CITY-ST-ZIP	Immokalee, FL 34142	
TITLE	VD	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	TOURON, ARMONDO		6.2 NAME	Witchger, John	
STREET ADDRESS	2500 LAKE TRAFFORD RD		6.3 STREET ADDRESS	2618 12th Court North	
CITY-ST-ZIP	IMMOKALEE FL		6.4 CITY-ST-ZIP	Naples, FL 34103	

CR2E037 (10/97)

14. 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 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: Olga Hernandez Olga Hernandez, Chair February 18, 1998 (941)657-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #