2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N95000004652

Entity Name: THE TIMBER RIDGE OF IMMOKALEE ASSOCIATION, INC.

Current Principal Place of Business:

2449 SANDERS PINES CIRCLE
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

900 BROAD AVENUE SOUTH
UNIT 2C
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0748601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUEHNER, CARL J
900 BROAD AVE S 2C
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: KUEHNER, CARL
Address: 900 BROAD AVE S 2C
City-St-Zip: NAPLES, FL 34102

Title: VC ( ) Delete
Name: PARKER, ALAN
Address: 741A THIRD ST S
City-St-Zip: NAPLES, FL 34102

Title: T ( ) Delete
Name: PROTO, FRANK
Address: 2125 SNOOK DR
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Delete
Name: LANCASTER, HARRIET
Address: 3394 CERRITO CT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE VALLEE MGR 03/23/2009

Electronic Signature of Signing Officer or Director — Date