

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 # N34295 (8)

1. Corporation Name

TIMBERWOOD VILLAGE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% MARQUIS MANAGEMENT, INC.
12563 NEW BRITTANY BLVD.
FT MYERS FL 33907

% MARQUIS MANAGEMENT, INC.
12563 NEW BRITTANY BLVD.
FT MYERS FL 33907



3. Date Incorporated or Qualified

09/18/1989

3a. Date of Last Report

03/22/1995

4. FEI Number

65-0250397

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 12661 NEW BRITTANY BLVD

26 12661 NEW BRITTANY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILPHEN, PETER A
MARQUIS MANAGEMENT, INC.
12563 NEW BRITTANY BLVD.
FT. MYERS FL 33907

81 Name

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

83 12661 NEW BRITTANY BLVD

84 City

FL

85 Zip Code

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

Peter A Stilphen

PETER A STILPHEN

3/22/96

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

(NOTE: Registered Agent signature required when appointing)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RUPOLO, MARK
STREET ADDRESS 6084 TIMBERWOOD CR., #306
CITY-ST-ZIP FT. MYERS FL 33908 ☐ DELETE

TITLE VD
NAME CAMPBELL, WILLIAM
STREET ADDRESS 6083 TIMBERWOOD CR., #315
CITY-ST-ZIP FT. MYERS FL 33908 ☐ DELETE

TITLE STD
NAME PINE, ROLAND
STREET ADDRESS 6073 TIMBERWOOD CR., #310
CITY-ST-ZIP FT. MYERS FL 33908 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Mark Rupolo

Pres

3/22/96

941 939 3461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Time Phone #

CR2E037 (12/95)