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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90119 018 \*\*\*\*61.25

0059147

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N34295**

1. Corporation Name

**TIMBERWOOD VILLAGE III CONDOMINIUM ASSOCIATION,  
INC.**

Principal Place of Business

Pegasus Property Management  
13400 S Cleveland Ave #203  
Fort Myers, FL 33907

Mailing Address

Pegasus Property Management  
13400 S Cleveland Ave #203  
Fort Myers, FL 33907



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/18/1989

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

9. Name and Address of Current Registered Agent

**STILPHEN, PETER A  
MARQUIS MANAGEMENT, INC.  
9400 GLADSTONE BLVD. 100  
FT. MYERS, FL 33908**

10. Name and Address of New Registered Agent

**BARBARA A. STILSON  
C/O PEGASUS PROPERTY MGMT. INC.  
13400 S. CLEVELAND AVE. # 203  
FORT MYERS, FL 33907**

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: *Barbara A. Stilson*

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

(NOTE: Registered Agent signature required when reinstating)

4-23-99

DATE

12. OFFICERS AND DIRECTORS

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

TITLE STD  
NAME STILSON, BARBARA  
STREET ADDRESS 6064 TIMBERWOOD CIR, 308  
CITY-STATE-ZIP FT. MYERS FL 33908 ☒ DELETE

TITLE D  
NAME BUJAS, RICHARD  
STREET ADDRESS 6064 TIMBERWOOD CIR.  
CITY-STATE-ZIP FT. MYERS FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE STD ☐ Change ☒ Addition  
2.2 NAME MARGARET WILLIAMS  
2.3 STREET ADDRESS 6064 TIMBERWOOD CIRCLE, # 307  
2.4 CITY-STATE-ZIP FORT MYERS, FL 33908

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Rupo* REMICK R. RUPOLO

President 4/15/99

941 278-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)