

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34295

1. Entity Name

TIMBERWOOD VILLAGE III CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

PEGASUS PROPERTY MANAGEMENT
~~1980 BRECKENRIDGE DRIVE, SUITE A~~
~~ESTERO, FL 33928~~
US

PEGASUS PROPERTY MANAGEMENT
~~1980 BRECKENRIDGE DRIVE, SUITE A~~
~~ESTERO, FL 33928-2183~~
US

2. Principal Place of Business

3. Mailing Address

Pegasus Property Mgmt.
17595 S. Tamiami, #200-2
Fort Myers, FL 33908

Pegasus Property Mgmt.
17595 S. Tamiami, #200-2
Fort Myers, FL 33908

Zip

Country

Zip

Country

4. FEI Number

65-0250397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Pegasus Property Mgmt.
17595 S. Tamiami, #200-2
Fort Myers, FL 33908

: Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DVP ☐ Change ☒ Addition
NAME WILLIAM CAMPBELL
STREET ADDRESS 6083 - 305 TIMBERWOOD CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE STD ☐ Delete
NAME WILLIAMS, MARGARET
STREET ADDRESS 6064 TIMBERWOOD CIRCLE, #307
CITY-ST-ZIP FT. MYERS FL 33908

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BUJAS, RICHARD
STREET ADDRESS 6064 TIMBERWOOD CIR.
CITY-ST-ZIP FT. MYERS FL

TITLE DST ☐ Change ☒ Addition
NAME CAREN POLK
STREET ADDRESS 6063 - 302 TIMBERWOOD CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90299 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)