2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2005 08:00 AM DOCUMENT # N15607 **Secretary of State** 1. Entity Name TIMBERLINE CONDOMINIUM ASSOCIATION, INC. Frincipal Place of Business Mailing Address C/O INFINITI PROPERTY MANAGEMENT, INC 1301 SEMINOLE BLVD. SUITE 110 C/O INFINITI PROPERTY MANAGEMENT, INC 1301 SEMINOLE BLVD. SUITE 110 LARGO FL 33770 **LARGO FL 33770** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-2847376 Not Applicat Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INFINITI PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 1301 SEMINOLE BLVD STE 110 LARGO FL 33770 City 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. I am familiar with, and accerthe obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE IIILE ☐ Change $\square A$ ☐ Delete DOTY, ROGER U00000311864 NAME NAME 1940 ELAINE DR STREET AUDRESS SIFEET ADDRESS 04/18/05-80062-011 61.25 CLEARWATER FL 33760 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ A-l-TITLE Delete THILE WHEATLY, DENISE NAME NAME 1900 ELAINE DR STREET ADDRESS STREET ADDRESS CLEARWATER FL 33760 CITY-SI-ZIP U11Y-51-21P VD TITLE ☐ Delete TITLE ☐ Change ☐ Adm HEIL, LISA NAME NAME 1944 ELAINE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33760 CHY-SI-ZIP TITLE Idle Change ☐ Defete E A NAME MAME STREET ADDRESS STREET ADDRESS CITY: ST-712 CITY-ST-7IP TITLE ☐ Delete THLE ☐ Change □ A.*. NAME NAME CIRCLI ACIORESS STREET ADDRESS CITY ST-ZIP UTY-ST-ZIP 1111.9 ☐ Delete THLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY: ST. 78P 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 direction 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

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

SIGNATURE: Angue Charles Designation ROSER C Do Ly

4/8/05

FILED

727-582-2022