

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03120

Entity Name: TIMBERWOOD VILLAGE RECREATION ASSOCIATION, INC.**FILED**
Apr 26, 2019
Secretary of State
8190697415CC**Current Principal Place of Business:**1010 NE 9TH ST
SUITE A
CAPE CORAL, FL 33909**Current Mailing Address:**1010 NE 9TH ST
SUITE A
CAPE CORAL, FL 33909 US**FEI Number:** 65-0264040**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMPASS ROSE MANAGEMENT INC
1010 NE 9TH ST
SUITE A
CAPE CORAL, FL 33909 US*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:** TOSH TRICAS**04/26/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	BECKERT, CHERYL
Address	1010 NE 9TH ST SUITE A
City-State-Zip:	CAPE CORAL FL 33909

Title	DIRECTOR
Name	LANDSTEINER, KARL
Address	1010 NE 9TH ST SUITE A
City-State-Zip:	CAPE CORAL FL 33909

Title	DIRECTOR
Name	MUELLER, STEPHANIE
Address	1010 NE 9TH ST SUITE A
City-State-Zip:	CAPE CORAL FL 33909

Title	PRESIDENT
Name	GOTSCH, SUEANNE
Address	1010 NE 9TH ST SUITE A
City-State-Zip:	CAPE CORAL FL 33909

Title	DIRECTOR
Name	HARELIK, PHYLLIS
Address	1010 NE 9TH ST SUITE A
City-State-Zip:	CAPE CORAL FL 33909

Title	TREASURER
Name	GOTSCH, AL
Address	1010 NE 9TH ST SUITE A
City-State-Zip:	CAPE CORAL FL 33909

I hereby 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 all other like empowered.

SIGNATURE: CHERYL BECKERT**PRESIDENT****04/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date