## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007889

Entity Name: TIMBERWOOD TOWNHOMES CONDOMINIUM ASSOCIATION,

INC.

## **Current Principal Place of Business:**

7019 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408

# **Current Mailing Address:**

7019 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408 US

FEI Number: 20-4660416 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FULLER, DENNIS R 7019 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408 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:

Address

Electronic Signature of Registered Agent

Date

**FILED** Jan 30, 2021

**Secretary of State** 

1069160843CC

#### Officer/Director Detail:

Title Title **PRESIDENT** Name FULLER, DENNIS R Name CHERRY, GARY Address 8730 THOMAS DRIVE Address 9036 MURIFIELD CT **SUITE 1110-A** City-State-Zip: TALLAHASSEE FL 32312

PANAMA CITY BEACH FL 32408 City-State-Zip:

10326 SW 22ND PLACE

Title **TREASURER** Title **SECRETARY** MADDIO, RUSS Name

Name DUTKO, BETTIE Address 201 N UNIVERSITY DRIVE SUITE 103A

City-State-Zip: DAVIE FL 32324 City-State-Zip: PLANTATION FL 33324

Title MANAGING AGENT Title **BOARD MEMBER** DERSTINE, CHERYL Name CAPITAL ASSOCIATION Name MANAGEMENT LLC

Address 9817 BULL HEADLEY ROAD Address PO BOX 3965

City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: TALLAHASSEE FL 32315

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: KYLE ROWELL

**CFO** 

01/30/2021