

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

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90107 037 ****61.25

DOCUMENT # 729320		
1. Entity Name TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM I ASSOCIATION, INC.		

Principal Place of Business 10730 US 19, STE 17 PORT RICHEY FL 34668	Mailing Address 10730 US 19, STE 17 PORT RICHEY FL 34668
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-1590614		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT, INC. 10730 US 19, STE 17 PORT RICHEY FL 34668		7. Name and Address of New Registered Agent Name --- Street Address (P.O. Box Number is Not 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7- DEMONDA, MAUREEN 11135-3 CARRIAGE HILL DR PORT RICHEY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	23 VITALE, MURIEL 11211-6 CARRIAGE HILL PORT RICHEY, FL 00000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD- MENSEH, TIM 11130-4 CARRIAGE HILL DR PORT RICHEY FL 34668 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Good, Margaret 8210-6 Seven Oaks Ct New Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, DANIEL 11117-3 PEMBRIDGE CT PORT RICHEY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTINA, JOSPEH 11013 PEPPERTREE LANE PORT RICHEY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Maureen Demonda **03-31-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #