

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90059 042 \*\*\*\*61.25

60008983



01042006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 729320</b>					
1. Entity Name <b>TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM I ASSOCIATION, INC.</b>					
Principal Place of Business <b>10730 US 19, STE 17 PORT RICHEY, FL 34668</b>			Mailing Address <b>10730 US 19, STE 17 PORT RICHEY, FL 34668</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1590614</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUALIFIED PROPERTY MANAGEMENT, INC. 10730 US 19, STE 17 PORT RICHEY, FL 34668</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <del>DEMONDA, MAUREEN</del> <del>1135 S GARRIAGE HILL DR</del> <del>PORT RICHEY, FL</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mantoan, James 10730 U. S. 19, Ste. 17 Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD</del> <del>VITALE, MURIEL</del> <del>1121 S GARRIAGE HILL</del> <del>PORT RICHEY, FL</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Vitale, Muriel 10730 U.S. 19, Ste. 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD</del> <del>GOOD, MARGARET</del> <del>8240 S SEVEN OAKS ST</del> <del>PORT RICHEY, FL 34668</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Good Margaret 10730 U.S. 19, Ste. 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <del>MURPHY, DANIEL</del> <del>1117 S PEMBRIDGE CT</del> <del>PORT RICHEY, FL</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rodie, Pat 10730 U.S. 19, Ste. 17 Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> <del>PASTINA, JOSEPH</del> <del>11813 PEPPERTREE LANE</del> <del>PORT RICHEY, FL</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pastina, Joseph 10730 U.S. 19, Ste. 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>James A. Mantoan</i>			Date: <i>1/29/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <i>862-3797</i>		