2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 13, 2007 8:00 am
Secretary of State
02-13-2007 90013 050 ****61.25

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DOCUMENT # 729320

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

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Goldstar Mgmt Co	← Same
Suite, Apt. #, etc. 2435 US 19 #270	Suite, Apt. #, etc.
City & State Holiday FL	City & State
Zip 34691 Country USA	Zip Country

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 Jeffrey Ulm
Street Address (P.O. Box Number is Not Acceptable)
c/o Goldstar Mgmt Co
2435 US 19 #270
City Holiday FL Zip Code 34691

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 _____ Jeffrey Ulm 1/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	P/D MANTOAN, JAMES ~~10730 US 19 STE 17~~ ~~PORT RICHEY, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 11211 Carriage Hill Dr #1 Port Richey FL 34668
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D VITALE, MURIEL ~~10730 US 19 STE~~ 17 ~~PORT RICHEY~~, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 11211 Carriage Hill Dr. #6 Port Richey FL 34668
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~GOOD, MARGARET~~ ~~10730 US 19 STE 17~~ ~~PORT RICHEY, FL 34668~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ☒ Change ☐ Addition [redacted] Schrupp, Beverly 11135 Carriage Hill Dr #5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RODIE, PAT ~~10730 US 19 STE~~ 17 ~~PORT RICHEY, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 11110 Carriage Hill Dr #5 Port Richey FL 34668
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D PASTINA, JOSPEH ~~10730 US 19 STE~~ 17 ~~PORT RICHEY, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 11210 Carriage Hill Dr #5 Port Richey FL 34668
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 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: James A. Mantoan JAMES A. MANTOAN 1/9/07 727-862-3797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #