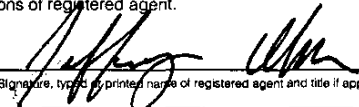
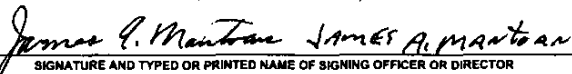


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90013 050 ****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 - No P.O. Box # 40 Goldstar Mgmt Co		3. Mailing Address Same			
Suite, Apt. #, etc. 2435 US 19 # 270		Suite, Apt. #, etc.			
City & State HOLIDAY FL		City & State			
Zip 34691		Country USA		4. FEI Number 59-1590614	
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 Wm Street Address (P.O. Box Number is Not Acceptable) 40 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 Wm 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	11211 Carriage Hill Dr #1 Port Richey FL 34668	☒ Change ☐ Addition
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	11211 Carriage Hill Dr #6 Port Richey FL 34668	☒ Change ☐ Addition
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 11135 Schrupp, Beverly 11135 Carriage Hill Dr #5	☒ Change ☐ Addition
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	11110 Carriage Hill Dr #5 Port Richey FL 34668	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D PASTINA, JOSEPH 10730 US 19 STE 17 PORT RICHEY, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11210 Carriage Hill Dr #5 Port Richey FL 34668	☒ 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 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/9/07 727-862-3797 Date Daytime Phone #		