

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90027 044 ****61.25

40036031



02152008 Chg-NP CR2E037 (12/06)

DOCUMENT # 729320 1. Entity Name TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM I ASSOCIATION, INC.					
Principal Place of Business C/O GOLDSTAR MGMT CO. 2435 US 19, 270 HOLIDAY, FL 34691			Mailing Address C/O GOLDSTAR MGMT CO. 2435 US 19, 270 HOLIDAY, FL 34691		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	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			7. Name and Address of New Registered Agent		
ULM, JEFFREY C/O GOLDSTAR MGMT. CO. 2435 US 19, 270 HOLIDAY, FL 34691			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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 11211 CARRIAGE HILL DR., 1 PORT RICHEY, FL 34668 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D VITALE, MURIEL 11211 CARRIAGE HILL DR., 6 PORT RICHEY, FL 34668 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHRUPP, BEVERLY 11135 CARRIAGE HILL DR., 5 PORT RICHEY, FL 34668 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODIE, PAT 11110 CARRIAGE HILL DR., 5 PORT RICHEY, FL 34668 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D PASTINA, JOSPEH 11210 CARRIAGE HILL DR., PORT RICHEY, FL 34668 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph ☐ 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: <u>James A. Mantoan</u> JAMES A. MANTOAN			2/19/08 727-862-3797		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		