

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90016 048 ****61.25

DOCUMENT # 738670 1. Entity Name TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM II ASSOCIATION, INC.					
Principal Place of Business 10730 US 19 S17 PORT RICHEY, FL 34668 US			Mailing Address 10730 US 19 S17 PORT RICHEY, FL 34668 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1804485				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01042006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MGMT OF PASCO INC 10730 US 19 S17 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME WILLIAMS, ROBERT STREET ADDRESS 11204 1/2 PEMBRIDGE CT CITY-ST-ZIP PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		TITLE PD NAME Williams, Robert STREET ADDRESS 10730 U.S. 19, Suite 17 CITY-ST-ZIP Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME FILECCIA, JOHN STREET ADDRESS 8211 1/2 SEVEN OAKS CT CITY-ST-ZIP PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		TITLE VD NAME Fileccia, John STREET ADDRESS 10730 U.S. 19, Suite 17 CITY-ST-ZIP Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ORLANDO, SALVATORE STREET ADDRESS 11204 1/2 PEMBRIDGE CT CITY-ST-ZIP PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete		TITLE D NAME Shannon, Mary Jo STREET ADDRESS 10730 U.S. 19, Suite 17 CITY-ST-ZIP Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME GIEHL, ART STREET ADDRESS 11241 1/2 PEMBRIDGE CT CITY-ST-ZIP PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		TITLE SD NAME Giehl, Art STREET ADDRESS 10730 U.S. 19, Suite 17 CITY-ST-ZIP Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TENZYSK, TOM STREET ADDRESS 11241 1/2 PEMBRIDGE CT CITY-ST-ZIP PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		TITLE TD NAME Tenzysk, Tom STREET ADDRESS 10730 U.S. 19, Suite 17 CITY-ST-ZIP 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>Robert Williams</i>			2/17/06 727-863-4819		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		