2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738670

Apr 27, 2007 Secretary of State

Entity Name: TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10730 US 19 5901 U.S. 19 SUITE 7Q S17

PORT RICHEY, FL 34668 US NEW PORT RICHEY, FL 34652 US

Current Mailing Address: New Mailing Address:

5901 U.S. 19 10730 US 19 SUITE 7Q

PORT RICHEY, FL 34668 US NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1804485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUALIFIED PROPERTY MGMT OF PASCO INC QUALIFIED PROPERTY MANAGEMENT, INC.

10730 US 19 5901 U.S. 19 SUITE 7Q

PORT RICHEY, FL 34668 US NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: MARY A. WHITE 04/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

10730 US 19 STE 17

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WILLIAMS, ROBERT TENZYK, TOM Name: Name: 10730 US 19 STE 17 Address: 5901 U.S. 19, SUITE 7Q Address:

City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VSD () Delete Title: (X) Change () Addition FILECCIA, JOHN Name: SHANNON, MARY JO Name: Address: 10730 US 19 STE 17 Address: 5901 U.S. 19. SUITE 7Q

City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: () Delete Title: SD (X) Change () Addition ORLANDO, SALVATORE GIEHL, ART Name: Name:

5901 U.S. 19, SUITE 7Q Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34652 US

() Delete (X) Change () Addition Title: SD Title: GIEHL, ART WALLACE, DIANNE Name: Name:

10730 US 19 STE 17 Address: Address: 5901 U.S. 19, SUITE 7Q

City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: () Delete Title: (X) Change () Addition

TENZYK, TOM WILLIAMS, ROBERT Name: Name: 10730 US 19 STE 17 5901 U.S. 19, SUITE 7Q Address: Address:

City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

SIGNATURE: MARY A. WHITE CEO 04/27/2007