

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738670

FILED
Mar 01, 2011
Secretary of State

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

Current Principal Place of Business:

5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

C/O QUALIFIED PROPERTY MANAGEMENT INC
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

C/O QUALIFIED PROPERTY MANAGEMENT INC
5901 US HWY 19, SUITE 7Q
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:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 U.S. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

C/O QUALIFIED PROPERTY MANAGEMENT, INC.
5901 U.S. 19
SUITE 7Q
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 WHITE

03/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: TENZYK, TOM
Address: 11214 PEMBRIDGE COURT #4
City-St-Zip: PORT RICHEY, FL 34668 US

Title: TD
Name: SHANNON, MARY JO
Address: 11203 PEMBRIDGE COURT #4
City-St-Zip: PORT RICHEY, FL 34668 US

Title: SD
Name: GIEHL, ART
Address: 11214 PEMBRIDGE COURT #1
City-St-Zip: PORT RICHEY, FL 34668 US

Title: D
Name: PHILLIPS, JOHN
Address: 5901 U.S. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D
Name: UNDERWOOD, JIM
Address: 5901 U.S. 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby 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 all other like empowered.

SIGNATURE: TOM TENZYK

PD

03/01/2011

Electronic Signature of Signing Officer or Director

Date