


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90027 006 ****61.25

DOCUMENT # 745075 1. Entity Name TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM IV ASSOCIATION, INC.					
Principal Place of Business C/O GOLDSTAR MANAGEMENT CO 2135 US 19, #27 HOLIDAY, FL 34691 US			Mailing Address C/O GOLDSTAR MANAGEMENT CO 2135 US 19, #27 HOLIDAY, FL 34691 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02152008 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 59-2071222	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ULM, JEFFREY A %GOLDSTAR MANAGEMENT CO. 2435 US 19 #270 HOLIDAY, FL 34691			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2008		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	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELIA, STEVE		NAME	Virginia Krysher	
STREET ADDRESS	5901 U.S. 19		STREET ADDRESS	8121 Bugle Court #2	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLARD, EUGENE		NAME	8110 Bugle Court #4	
STREET ADDRESS	5901 U.S. 19		STREET ADDRESS	Port Richey, FL 34668	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDNAR, FRANCES		NAME	Robert Kracik	
STREET ADDRESS	5901 U.S. 19		STREET ADDRESS	8130 Bugle Court #2	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASELL VIOLET		NAME	Violet Massell	
STREET ADDRESS	5901 U.S. 19		STREET ADDRESS	8131 Braddock Circle #3	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLKOFF, LOUISE		NAME	Bryan Miller	
STREET ADDRESS	5901 U.S. 19		STREET ADDRESS	8131 Braddock Circle #4	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Virginia Krysher Pres. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			VIRGINIA KRYSHER 727- 2/19/08 862-6696 <small>Date Daytime Phone #</small>		