

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 750925 (0)**

1. Corporation Name

**THE TIMBERS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

% LORICCO & WILLIAMS  
P.O. BOX 3179  
PORT CHARLOTTE FL 33949

% LORICCO & WILLIAMS  
P.O. BOX 3179  
PORT CHARLOTTE FL 33949

3. Date Incorporated or Qualified  
**02/04/1980**

3a. Date of Last Report  
**08/03/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**65-0108328**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYLE, CHARLES T., ESQ.  
115 W. OLYMPIA AVENUE  
PUNTA GORDA FL 33950**

81 Name  
**Joan Greene**

82 Street Address (P.O. Box Number is Not Acceptable)

**265 TAHAMI TRAIL**

84 City

**Punta Gorda FL**

85 Zip Code  
**33950**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Joan F. Greene*

**Joan F. Greene**

**4-19-96**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FARR, EARL DRAYTON J</b>	
STREET ADDRESS	<b>115 W OLYMPIA AVE</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<del>PD</del>	<input type="checkbox"/> DELETE
NAME	<del><b>BATEMAN, BEFFY</b></del>	
STREET ADDRESS	<del><b>300 SHREVE ST., UNIT 51-B</b></del>	
CITY-ST-ZIP	<del><b>PUNTA GORDA FL 33950</b></del>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MIX, JOHN G</b>	
STREET ADDRESS	<b>309 SHREVE STREET, UNIT 4-B 51A</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P/D Kensi, Ken</b>
2.3 STREET ADDRESS	<b>309 Shreve St. # 52-B</b>
2.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL. 33950</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>T/D</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VP/D George, John</b>
4.3 STREET ADDRESS	<b>309 Shreve St. # 41-B</b>
4.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL. 33950</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>S/D Griffith Carolyn</b>
5.3 STREET ADDRESS	<b>309 Shreve St # 52-B</b>
5.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL. 33950</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John B. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/96**

DATE

Daytime Phone #

CR2E037 (12/95)