

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750925
 1. Corporation Name
The Timbers Condominium Assn Inc

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	309 Shreve ST	26	265 TAMIAHI TRAIL	2-4-80		4-20-96	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number		Applied For	
23. City & State		28. City & State		65-0108328		Not Applicable	
24	33950	25	USA	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29	33950	30	USA	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81	Name			
				Joan Greene				
				82	Street Address (P.O. Box Number is Not Acceptable)			
				265 TAMIAHI TRAIL				
				83				
				84	City		85	Zip Code
				Punta Gorda		FL	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** DATE **2-17-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Renzi Ken			1.2 NAME			
STREET ADDRESS	309 Shreve ST # 52-B			1.3 STREET ADDRESS			
CITY-ST-ZIP	Punta Gorda FL 33950			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	Bennie Fannell		
STREET ADDRESS				2.3 STREET ADDRESS	309 Shreve ST # 51A		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Punta Gorda FL 33950		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Jo Ann Heverly		
STREET ADDRESS				3.3 STREET ADDRESS	309 Shreve ST # 51B		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Punta Gorda FL 33950		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	GAIL Teta		
STREET ADDRESS				4.3 STREET ADDRESS	309 Shreve ST # 52A		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Punta Gorda FL 33950		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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: *[Signature]* **2-21-97** **941-575-6660**
 Date Daytime Phone #

CR2E037 (9/96)