


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750925 (0)**  
1. Corporation Name  
**THE TIMBERS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>309 SHREVE S7 PUNTA GORDA FL 33950</b>	Mailing Address <b>265 TAMAMI TRAIL PUNTA GORDA FL 33912</b>
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3. Date Incorporated or Qualified <b>02/04/1980</b>	
4. FEI Number <b>65-0108328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**JOAN GREENE  
265 TAMAMI TR.  
PANTA GANDA FL 33950**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PD RESI, KEN</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>309 SHREVE ST. 52-B</b>	1.2 NAME
STREET ADDRESS	<b>PUNTA GORDA FL</b>	1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	<b>VPD</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARRELL, BERNIE</b>	2.2 NAME
STREET ADDRESS	<b>309 SHREVE S7 #51A</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>STD</b>	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HEVERLY, JOANN</b>	3.2 NAME
STREET ADDRESS	<b>309 SHREVE STREET #51B</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>D</b>	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZETA, GAIL</b>	4.2 NAME
STREET ADDRESS	<b>309 SHREVE STREET</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	4.4 CITY-ST-ZIP
TITLE	<b>SD</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRITTH CAROLYNN</b>	5.2 NAME
STREET ADDRESS	<b>309 SHREVE ST 52-B</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	5.4 CITY-ST-ZIP
TITLE		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

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	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>UPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Mike Darland</b>
3.3 STREET ADDRESS	<b>309 Shreve St # 42B</b>
3.4 CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
4.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael L. Darland* 3-10-98

CR2E037 (10/97)