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03-10-1999 90277 008 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 750925

1. Corporation Name

THE TIMBERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

309 SHREVE S7
 PUNTA GORDA FL 33950

Mailing Address

265 TAMiami TRAIL
 PUNTA GORDA FL 33912



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/04/1980

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

9. Name and Address of Current Registered Agent

JOAN GREENE
 265 TAMiami 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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME RESI, KEN
 STREET ADDRESS 309 SHREVE ST. 52-B
 CITY-ST-ZIP PUNTA GORDA FL

TITLE PD DELETE
 NAME FARRELL, BERNIE
 STREET ADDRESS 309 SHREVE S7 #51A
 CITY-ST-ZIP PUNTA GORDA FL

TITLE VPD DELETE
 NAME DARLAND, MIKE
 STREET ADDRESS 309 SHREVE ST #428
 CITY-ST-ZIP PUNTA GORDA FL

TITLE STD DELETE
 NAME ZETA, GAIL
 STREET ADDRESS 309 SHREVE STREET
 CITY-ST-ZIP PUNTA GORDA FL

TITLE SD DELETE
 NAME GRITTH CAROLYNN
 STREET ADDRESS 309 SHREVE ST 52-B
 CITY-ST-ZIP PUNTA GORDA FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE UPD Change Addition
 2.2 NAME BETTE WITTE
 2.3 STREET ADDRESS 309 SHREVE S7 42-A
 2.4 CITY-ST-ZIP PUNTA GORDA FL 33950

3.1 TITLE PD Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE STD Change Addition
 4.2 NAME EDWINA LARSON
 4.3 STREET ADDRESS 309 SHREVE STREET 51-B
 4.4 CITY-ST-ZIP PUNTA GORDA FL 33950

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Michael R. [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99

Date

Daytime Phone #

CR2E037 (11/98)