

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90042 021 \*\*\*\*61.25

**DOCUMENT # 750925**

1. Entity 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**

**94033081**

2. Principal Place of Business

3. Mailing Address

**100 SULLIVAN S7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**112**

03092004

Chg-NP

CR2E037 (10/03)

City & State

City & State

**PUNTA GORDA FL**

4. FEI Number

**65-0108328**

Applied For

Not Applicable

Zip

Country

Zip

**33950**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOAN GREENE  
265 TAMiami TR.  
PUNTA GORDA, FL 33950**

Name

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

**100 SULLIVAN S7**

**STE 112**

City

**PUNTA GORDA**

**FL**

Zip Code

**33950**

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

*Joan Greene*

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

(NOTE: Registered Agent signature required when re-registering)

**3/9/04**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **STD** ☐ Delete  
NAME **FINKEL, SYDNEY**  
STREET ADDRESS **309 SHREVE STREET 42-A**  
CITY-ST-ZIP **PUNTA GORDA, FL 33952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **HOFFMAN, HARRY**  
STREET ADDRESS **114 E HIGH 57**  
CITY-ST-ZIP **MOUNT STERLING, KY 40353**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **OTT, MERV**  
STREET ADDRESS **30 PZOVEER CT**  
CITY-ST-ZIP **ONTARIO, CA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Joan Greene*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 12/04*

DATE

Daytime Phone #