


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90092 045 ****61.25

DOCUMENT # 750925

1. Entity Name
THE TIMBERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**309 SHREVE ST
 PUNTA GORDA, FL 33950**

Mailing Address
**100 SULLIVAN ST
 112
 PUNTA GORDA, FL 33950**

2. Principal Place of Business
121 E. CHARLOTTE AVE
 Suite, Apt. #, etc.

3. Mailing Address
121 E. CHARLOTTE AVE
 Suite, Apt. #, etc.

City & State
PUNTA GORDA FL

City & State
PUNTA GORDA FL

Zip
33950 Country
US

Zip
33950 Country
US

4. FEI Number
65-0108328 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JOAN GREENE
 100 SULLIVAN ST
 STE 112
 PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent
 Name
HARRY HOFFMAN
 Street Address (P.O. Box Number is Not Acceptable)
**309 SHREVE ST
 # 52-A**
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	STD FINKEL, SYDNEY 309 SHREVE STREET 42-A PUNTA GORDA, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOFFMAN, HARRY 114 E HIGH 57 MOUNT STERLING, KY 40353 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTT, MERV 30 PZOVEER CT ONTARIO, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE: *H. Hoffman* **4/4/05** **941-639-7334**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #