
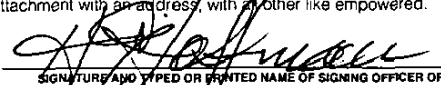


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		Zip 33950	
Country US		Country US	
4. FEI Number 65-0108328		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
03162005 Chg-NP CR2E037 (10/03)			
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 _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VPD <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	STD <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: 		Date 4/4/05 Daytime Phone # 941-639-7334	