


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-09-2006 90166 037 ****61.25

DOCUMENT # 750925			
1. Entity Name THE TIMBERS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 121 E. CHARLOTTE AVE PUNTA GORDA, FL 33950		Mailing Address 121 E. CHARLOTTE AVE 112 PUNTA GORDA, FL 33950	
2. Principal Place of Business <i>127 E CHARLOTTE AVE</i>		3. Mailing Address <i>127 E CHARLOTTE AVE</i>	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State <i>PUNTA GORDA FL</i>		City & State <i>PUNTA GORDA FL</i>	
Zip <i>33950</i> Country <i>US</i>		Zip <i>33950</i> Country <i>US</i>	
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	
6. Name and Address of Current Registered Agent HOFFMAN, HARRY 809 SHREVE ST #32-A PUNTA GORDA, FL 33950 <i>% 127 E Charlotte Ave</i>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 <i>H. Hoffman</i>		SIGNATURE <i>Jan Areas</i> 02/24/06	
Filing Fee is \$61.25 Due by May 1, 2006		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	VPD FINKEL, SYDNEY 309 SHREVE STREET 42-A PUNTA GORDA, FL 33952	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	STD HOFFMAN, HARRY 114 E HIGH 57 MOUNT STERLING, KY 40353	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	PD OTT, MERV 30 PZOVEER CT ONTARIO, CA	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.			
SIGNATURE: <i>[Signature]</i>		Date: <i>3/24/06</i>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date of Filing	

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