

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 750925

1. Entity Name
THE TIMBERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
127 E CHARLOTTE AVE
PUNTA GORDA, FL 33950

Mailing Address
127 E CHARLOTTE AVE
PUNTA GORDA, FL 33950



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0108328

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOFFMAN, HARRY
127 E CHARLOTTE AVE
PUNTA GORDA, FL 33950

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FINKEL, SYDNEY 309 SHREVE STREET 42-A PUNTA GORDA, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOFFMAN, HARRY 114 E HIGH 57 MOUNT STERLING, KY 40353
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTT, MERV 30 PZOVEER CT ONTARIO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/18/07-80017-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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 or other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H.B. Hoffman Secy 1/12/07 941-575-6783