

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/1/2006-90337-033-\$61.25-\$61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 13 PM 12:26

DOCUMENT # 762074 1. Entity Name TIMBERCREEK AT LELY CONDOMINIUM I ASSOCIATION, INC.					
Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34101 US			Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34101 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2210794	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SNYDER, THEODORE 415 AUGUSTA BLVD. #109 #301 NAPLES, FL 34113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	VPD SNYDER, THEODORE 415 AUGUSTA BLVD #109 NAPLES, FL 34113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> 800081734368 11/13/06--01020--011 **236.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AYLWARD, PAT 415 AUGUSTA BLVD #207 NAPLES, FL 34113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROESCH, LOE 413 AUGUSTA #301 NAPLES, FL 34113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPREIS, PAT 245 LYNN SHORE DR #202 LYNN, MA 01902		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENTZ, PATRICIA 415 AUGUSTA BLVD #108 NAPLES, FL 34113		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 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 info empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>					

REINSTATEMENT



04142008 Chg-NP CR2E037 (11/05)

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