


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90061 049 \*\*\*\*61.25

<b>DOCUMENT # 762074</b> 1. Entity Name <b>TIMBERCREEK AT LELY CONDOMINIUM I ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34101 US</b>			Mailing Address <b>C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34101 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04132007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2210794</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SNYDER, THEODORE 415 AUGUSTA BLVD. #109 #301 NAPLES, FL 34113</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<b>Snyder, Theodore</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, THEODORE		NAME	<b>415 Augusta Blvd. #109</b>	
STREET ADDRESS	415 AUGUSTA BLVD #109		STREET ADDRESS	<b>Naples, FL. 34113</b>	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<b>Aylward, Patricia</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYLWARD, PAT		NAME	<b>415 Augusta Blvd. #208</b>	
STREET ADDRESS	415 AUGUSTA BLVD #207		STREET ADDRESS	<b>NAPLES, FL. 34113</b>	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<b>Wiley, Douglas</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROESCH, LOE		NAME	<b>415 Augusta Blvd. #110</b>	
STREET ADDRESS	413 AUGUSTA #301		STREET ADDRESS	<b>Naples, FL. 34113</b>	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>O'Brien, Mary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUPREIS, PAT		NAME	<b>413 Augusta Blvd. #103</b>	
STREET ADDRESS	245 LYNN SHORE DR #202		STREET ADDRESS	<b>NAPLES, FL. 34113</b>	
CITY-ST-ZIP	LYNN, MA 01902		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>Marion, Raymond</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LORENTZ, PATRICIA		NAME	<b>413 Augusta Blvd. #203</b>	
STREET ADDRESS	415 AUGUSTA BLVD #108		STREET ADDRESS	<b>NAPLES, FL. 34113</b>	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<b>Hunt, Harold</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>413 Augusta Blvd. #305</b>	
STREET ADDRESS			STREET ADDRESS	<b>NAPLES, FL. 34113</b>	
CITY-ST-ZIP			CITY-ST-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 empowered.					
<b>SIGNATURE: Theodore J. Snyder THEODORE J. SNYDER</b> <b>4/27/07</b> <b>239-774-3987</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					