

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90187 001 ****61.25

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**

60035900



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2210794

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SNYDER, THEODORE**
STREET ADDRESS **415 AUGUSTA BLVD #109**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **D** ☒ Delete
NAME **AYLWARD, PAT**
STREET ADDRESS **415 AUGUSTA BLVD #207**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **VP** ☐ Delete
NAME **AYLWARD, PATRICIA**
STREET ADDRESS **14 AUGUSTA BLVD. #208**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **S** ☐ Delete
NAME **O'BRIEN, MARY**
STREET ADDRESS **413 AUGUSTA BLVD. #103**
CITY-ST-ZIP **LYNN, MA 01902**

TITLE **D** ☐ Delete
NAME **MARION, RAYMOND**
STREET ADDRESS **413 AUGUSTA BLVD. #203**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **D** ☐ Delete
NAME **HUNT, HAROLD**
STREET ADDRESS **413 AUGUSTA BLVD. #305**
CITY-ST-ZIP **NAPLES, FL 34113**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **Wiley, Douglas**
STREET ADDRESS **415 Augusta Blvd #110**
CITY-ST-ZIP **Naples, FL 34113**

TITLE **D** ☐ Change ☐ Addition
NAME **AYLWARD, PAT**
STREET ADDRESS **415 AUGUSTA BLVD #207**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **D** ☒ Change ☐ Addition
NAME **AYLWARD, PATRICIA**
STREET ADDRESS **14 AUGUSTA BLVD. #208**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **S** ☒ Change ☐ Addition
NAME **O'BRIEN, MARY**
STREET ADDRESS **413 AUGUSTA BLVD. #103**
CITY-ST-ZIP **Naples, FL 34113**

TITLE **D** ☐ Change ☐ Addition
NAME **MARION, RAYMOND**
STREET ADDRESS **413 AUGUSTA BLVD. #203**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **D** ☐ Change ☐ Addition
NAME **HUNT, HAROLD**
STREET ADDRESS **413 AUGUSTA BLVD. #305**
CITY-ST-ZIP **NAPLES, FL 34113**

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.

SIGNATURE:

Theodore J. Snyder, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 **339-774-3987**
Date Daytime Phone #