

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762074

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** TIMBERCREEK AT LELY CONDOMINIUM I ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34101 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34101 US

**New Mailing Address:**

**FEI Number:** 59-2210794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNYDER, THEODORE  
415 AUGUSTA BLVD. #109  
#301  
NAPLES, FL 34113 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SNYDER, THEODORE  
Address: 415 AUGUSTA BLVD #109  
City-St-Zip: NAPLES, FL 34113

Title: VP ( ) Delete  
Name: WILEY, DOUGLAS  
Address: 415 AUGUSTA BLVD, SUITE #110  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: AYLWARD, PATRICIA  
Address: 415 AUGUSTA BLVD, #208  
City-St-Zip: NAPLES, FL 34113

Title: S ( ) Delete  
Name: O'BRIEN, MARY  
Address: 413 AUGUSTA BLVD, SUITE #103  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: MARION, RAYMOND  
Address: 413 AUGUSTA BLVD. #203  
City-St-Zip: NAPLES, FL 34113

Title: D (X) Delete  
Name: HUNT, HAROLD  
Address: 413 AUGUSTA BLVD. #305  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE SNYDER

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date