

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000007280

1. Entity Name
TIMBER POINTE RESORT, INC.



Principal Place of Business
**153 MONTELLUNA DR
NORTH VENICE, FL 34275**

Mailing Address
**648 S. HIGHLAND
DEARBORN, MI 48124**



02192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2908481

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAWYER, FREDERICK
153 MONTELLUNA DR
NORTH VENICE, FL 34275**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAWYER, BRADFORD
STREET ADDRESS	648 S. HIGHLAND
CITY-ST-ZIP	DEARBORN, MI 48124
TITLE	D
NAME	SAWYER, RYAN
STREET ADDRESS	648 S. HIGHLAND
CITY-ST-ZIP	DEARBORN, MI 48124
TITLE	P
NAME	SAWYER, FREDERICK
STREET ADDRESS	648 S. HIGHLAND
CITY-ST-ZIP	DEARBORN, MI 48124
TITLE	V
NAME	SAWYER, LINDA
STREET ADDRESS	648 S. HIGHLAND
CITY-ST-ZIP	DEARBORN, MI 48124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/05-80010-017 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: FREDERICK J. SAWYER *Frederick J. Sawyer* **2-22-05** **313-726-5513**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #