

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G43871 (4)

1. Corporation Name
TIMBERS OF SANIBEL, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 497 LAKE MUREX 13300-PANAMA-TRAIL NORTH SANIBEL FL 33957	Mailing Address 497 LAKE MUREX 13300-PANAMA-TRAIL NORTH SANIBEL FL 33957
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3. Date Incorporated or Qualified 06/15/1983	3a. Date of Last Report 03/08/1994
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2. Principal Place of Business 21	2b. Mailing Address 26 <i>same</i>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**ASEN, MATTHEW
497 LAKE MUREX
SANIBEL FL 33957**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOSTER, KIPP T.
STREET ADDRESS	128 S. SEWALLS PT ROAD
CITY - ST - ZIP	STUART, FL 34998
TITLE	VD
NAME	FOSTER, R. JAMES
STREET ADDRESS	128 S. SEWALLS PT ROAD
CITY - ST - ZIP	STUART, FL 34998
TITLE	VD
NAME	ASEN, MATTHEW
STREET ADDRESS	497 LAKE MUREX CIRCLE
CITY - ST - ZIP	SANIBEL ISLAND FL
TITLE	VPO
NAME	SCHILLING, MICHAEL L.
STREET ADDRESS	1341-16 MCGREGORY BLVD
CITY - ST - ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: MATTHEW ASE **VD** 4/17/95 813-472-7958
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, OFFICER OR DIRECTOR (Date) (Telephone Number)