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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G43871** (4)

1. Corporation Name

**TIMBERS OF SANIBEL, INC.**



Principal Place of Business

**497 LAKE MUREX  
SANIBEL FL 33957  
US**

Mailing Address

**497 LAKE MUREX  
SANIBEL FL 33957  
US**

2. Principal Place of Business

21 **703 TARPON BAY RD**

Suite, Apt. #, etc.

22

City & State

23 **SANIBEL FL**

Zip

24 **33957**

Country

25 **US**

2a. Mailing Address

26 **PO BOX 124**

Suite, Apt. #, etc.

27

City & State

28 **SANIBEL FL**

Zip

29 **33957**

Country

30 **US**

9. Name and Address of Current Registered Agent

**ASEN, MATTHEW  
497 LAKE MUREX  
SANIBEL FL 33957**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when removing.)

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **FOSTER, KIPP T.**  
STREET ADDRESS **128 S. SEWALLS PT ROAD**  
CITY-ST-ZIP **STUART, FL 34996**

TITLE **VD** ☐ DELETE

NAME **FOSTER, R. JAMES**  
STREET ADDRESS **128 S. SEWALLS PT ROAD**  
CITY-ST-ZIP **STUART, FL 34996**

TITLE **VD** ☐ DELETE

NAME **ASEN, MATTHEW**  
STREET ADDRESS **497 LAKE MUREX CIRCLE**  
CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE **VPD** ☐ DELETE

NAME **SCHILLING, MICHAEL L.**  
STREET ADDRESS **1341-16 MCGREGORY BLVD**  
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 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 119.07(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 if changed or on an attachment with an address.

SIGNATURE:

**MATTHEW ASEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/96**  
Date

**941-472-3128**  
Telephone

CR2E034 (12/95)