

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L39107

1. Entity Name

TIMBERS OF SANIBEL, INC.



Principal Place of Business

703 TARPON BAY RD
SANIBEL FL 33957
US

Mailing Address

703 TARPON BAY RD

SANIBEL FL 33957
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0162948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASEN, MATTHEW
497 LAKE MUREX CIRCLE
SANIBEL FL 33957

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, KIPP T.	
STREET ADDRESS	128 S. SEWALLS PT ROAD	
CITY-STATE-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, R. JAMES	
STREET ADDRESS	3754 SE OCEAN BLVD.	
CITY-STATE-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASEN, MATTHEW	
STREET ADDRESS	497 LAKE MUREX CIRCLE	
CITY-STATE-ZIP	SANIBEL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILLING, MICHAEL L.	
STREET ADDRESS	13451-16 MCGREGORY BLVD	
CITY-STATE-ZIP	FT. MYERS, FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U00000201804
01/28/05-80081-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael L. Schilling* MICHAEL L. SCHILLING 1-26-05 239-484-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #