

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 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**



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**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, 2008 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	FOSTER, KIPP T.
STREET ADDRESS	128 S. SEWALLS PT ROAD
CITY-ST-ZIP	STUART, FL
TITLE	D
NAME	FOSTER, R. JAMES
STREET ADDRESS	3754 SE OCEAN BLVD.
CITY-ST-ZIP	STUART, FL
TITLE	D
NAME	ASEN, MATTHEW
STREET ADDRESS	14781 JOHNATHON HARBOR DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	SCHILLING, MICHAEL L.
STREET ADDRESS	13451-16 MCGREGORY BLVD
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/08-80063-015-150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.13.08 239.851.6289

Date

Daytime Phone #