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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00917** (7)

1. Corporation Name

TIMBERWOOD VILLAGE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**6250 TIMBERWOOD CR #102
FORT MYERS FL 33908**

Mailing Address

**6250 TIMBERWOOD CR #102
FORT MYERS FL 33908-4430**

3. Date Incorporated or Qualified
01/13/1984

3a. Date of Last Report
04/08/1996

4. FEI Number

59-2843532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BECKER, POLIAKOFF & STREITFELD
8280 COLLEGE PARKWAY S 104
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HUMMEL, DOROTHY**
STREET ADDRESS **6219 TIMBERWOOD CIR #131**
CITY-STATE-ZIP **FT. MYERS FL**

TITLE **DVP** ☒ DELETE

NAME **WILLIAM STASKY**
STREET ADDRESS **6220 TIMBERWOOD CIR**
CITY-STATE-ZIP **FT. MYERS FL**

TITLE **DP** ☐ DELETE

NAME **YOUNT, BARRY**
STREET ADDRESS **6250 TIMBERWOOD CIR #101**
CITY-STATE-ZIP **FT. MYERS FL**

TITLE **D** ☐ DELETE

NAME **CAROL GARLAND**
STREET ADDRESS **6250 TIMBERWOOD CR. #102**
CITY-STATE-ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

SECRETARY ☐ Change ☒ Addition

**SHARON TOMBS
6226 TIMBERWOOD CR #119
FT. MYERS, FL 33908**

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sharon Tombs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0056350**

CR2E037 (9/96)