

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** **N00917** **(7)**

**1. Corporation Name**

**TIMBERWOOD VILLAGE I CONDOMINIUM ASSOCIATION, INC.**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
6250 TIMBERWOOD CR #102 FORT MYERS FL 33908	6250 TIMBERWOOD CR #102 FORT MYERS FL 33908

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**3. Date Incorporated or Qualified**

<b>4. FEI</b> 01/18/1984	<b>Applied For</b>
	<b>Not Applicable</b>

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**7. Is this nonprofit corporation a homeowners association?** ☒ Yes ☐ No

**8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.** ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>D HUMMEL, DOROTHY</b>
<b>STREET ADDRESS</b>	<b>6219 TIMBERWOOD CIR #131</b>
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>S TOMBS, SHARON</b>
<b>STREET ADDRESS</b>	<b>6226 TIMBERWOOD CR, #119</b>
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>DP YOUNT, BARRY</b>
<b>STREET ADDRESS</b>	<b>6250 TIMBERWOOD CIR #101</b>
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>D CAROL GARLAND</b>
<b>STREET ADDRESS</b>	<b>6250 TIMBERWOOD CR. #102</b>
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>VP ORANGE, JAMES</b>
<b>STREET ADDRESS</b>	<b>6219 TIMBERWOOD CR, #132</b>
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>D KEYS, LAURA</b>
<b>STREET ADDRESS</b>	<b>6220 TIMBERWOOD CR, #124</b>
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL</b>

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

**14. I 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 Poliakoff Streifeld 3-7-98 941-481-8723

CR2E037 (10/97)