

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90039 021 ****61.25

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DOCUMENT # N00917

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

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Zip Country

29

30

3. Date Incorporated or Qualified

01/13/1984

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

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREITFELD
8260 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 ☐ DELETE

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

TITLE ☐ DELETE

NAME
S TOMBS, SHARON
STREET ADDRESS
6226 TIMBERWOOD CR, #119
CITY-ST-ZIP
FT. MYERS FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
VP ORANGE, JAMES
STREET ADDRESS
6219 TIMBERWOOD CR, #132
CITY-ST-ZIP
FT MYERS FL

TITLE ☐ DELETE

NAME
D KEYS, LAURA
STREET ADDRESS
6220 TIMBERWOOD CR, #124
CITY-ST-ZIP
FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Carol Garland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/99

Daytime Phone #

941-433-2353

CR2E037 (11/98)