

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00917

1. Entity Name

TIMBERWOOD VILLAGE I CONDOMINIUM ASSOCIATION, IN

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90031 043 ****61.25

Principal Place of Business

Mailing Address

6250 TIMBERWOOD CR #102
FORT MYERS FL 33908

6250 TIMBERWOOD CR #102
FORT MYERS FL 33908-4430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2843532

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BECKER, POLIAKOFF & STREITFELD
8260 COLLEGE PARKWAY S 104
FT. MYERS FL 33919

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME DIR.
STREET ADDRESS PAMELA MALOY
CITY-ST-ZIP 6219 TIMBERWOOD CR
FT. MYERS, FL 33908

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE:

CAROL GARLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-00 941-433-2353

CR2E037 (9/99)