

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90046 041 ****61.25

DOCUMENT # N00917

1. Entity Name

TIMBERWOOD VILLAGE I CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

6250 TIMBERWOOD CR #102
 FORT MYERS FL 33908

6250 TIMBERWOOD CR #102
 FORT MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2843532

Applied For

Not Applicable

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 **PRESIDENT**
 STREET ADDRESS **LARRY MOSNER**
 CITY-ST-ZIP **6226 TIMBER WOOD #117**
FT MYERS, FL 33908

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 **D**
 STREET ADDRESS **SHEDD, JOEL STACY**
 CITY-ST-ZIP **6232 TIMBERWOOD CIRCLE, #114**
FORT MYERS FL 33908

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

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

TITLE ☐ Change ☐ Addition
 NAME **Laura Keys**
 STREET ADDRESS **6220 Timberwood Circle #124**
 CITY-ST-ZIP **Fort Myers FL 33914**

TITLE ☐ Delete
 NAME **LARRY MOSNER**
 STREET ADDRESS **6226 TIMBERWOOD CR #117**
 CITY-ST-ZIP **FT MYERS FL 33908**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)