2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 10, 2006 8:00 am **Secretary of State** DOCUMENT # N00917 1. Entity Name 03-10-2006 90017 010 ****61.25 TIMBERWOOD VILLAGE I CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 6250 TIMBERWOOD CR #102 6250 TIMBERWOOD CR #102 FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2843532 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER, POLIAKOFF & STREITFELD Street Address (P.O. Box Number is Not Acceptable) 14241 METROPOLIS AVE. SUITE 100 FT MYERS FL 33912-0000 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE HHE Delete HUMMEL, DOROTHY NAME NAME 6219 TIMBERWOOD CIR #131 STREET ADDRESS STREET ADDRESS FT. MYERS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition CAROL GARLAND NAME NAME 6250 TIMBERWOOD CR. #102 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP FT. MYERS FL CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME KEYS, LAURA NAME STREET ADDRESS 6220 TIMBERWOOD CR, #124 STREET ADDRESS CITY-ST-7IP FT MYERS FL CITY-ST-ZIP 1111 E ☐ Delete Change Addition NAME MELVIN, LISA NAME STREET ADDRESS 6213 TIMBERWOOD CR., #130 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP PRES. ☐ Change ★Addition ☐ Delete TITLE T(T) F 516TERMANS HENRY CHAVITA BUND NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

2-10-06

if changed, or on an attachment with an address, with all other like empowered.

CALU CALLAND

GNATURE:

SIGNATURE:

FILED