2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005553

FILED Mar 25, 2005 Secretary of State

Entity Name: TIMBER LAKE AT THREE OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 12650 WHITEHALL DR FORT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** C/O BENSON'S INC 12650 WHITEHALL DR FORT MYERS, FL 33907 FEI Number: 48-1256422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENSON, MARK R 12650 WHITEHALL DR US FORT MYERS, FL 33907 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HUMPHRIES, MICHAEL MOORE, KEITH Name: Name: 1192 E NEWPORT CENTER DR, #150 Address: 9377 SCARLETT OAK AVE Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: FORT MYERS, FL 33912 Title: Title: VD () Delete (X) Change () Addition ROCA, RAFAEL Name: MCKEE, LISA Name: Address: 1192 E NEWPORT CENTER DR. #150 Address: 9407 SCARLETTOAK AVE City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: FORT MYERS, FL 33912 Title: () Delete Title: (X) Change () Addition OPPERMAN, MARGARITA SHARPSTEEN, CANDACE Name: Name: 1192 E NEWPORT CENTER DR, #150 9411 SCARLETT OAK AVE Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: FORT MYERS, FL 33912 Title: () Delete Title: TD () Change (X) Addition Name: Name: MOORE, SCOTT 9386 GOLDEN RAIN LN Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33912 Title: () Delete Title: () Change (X) Addition KALI, JOZSEF Name: Name: 9411 SCARLETT OAK AVE Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH MOORE PRES 03/25/2005