2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# N01000005553

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

Current Principal Place of Business:

12650 WHITEHALL DR
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

C/O BENSON'S INC
12650 WHITEHALL DR
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 48-1256422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENSON, MARK R
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: MOORE, KEITH
Address: 9377 SCARLETT OAK AVE
City-St-Zip: FORT MYERS, FL 33912

Title: VD ( ) Delete
Name: MCKEE, LISA
Address: 9407 SCARLETTOAK AVE
City-St-Zip: FORT MYERS, FL 33912

Title: SD ( ) Delete
Name: OPPERMAN, MARGARITA
Address: 9411 SCARLETT OAK AVE
City-St-Zip: FORT MYERS, FL 33912

Title: TD ( ) Delete
Name: MOORE, SCOTT
Address: 9386 GOLDEN RAIN LN
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: KALI, JOZSEF
Address: 9411 SCARLETT OAK AVE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MONTEAGUDO, BRYAN
Address: 9425 SCARLETT OAK AVE
City-St-Zip: FORT MYERS, FL 33912

Title: VD (X) Change ( ) Addition
Name: ORTIZ, ERIC
Address: 9339 GOLDEN RAIN LN
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: CARLOUGH, MAUREEN
Address: 9349 CHESTNUT TREE LOOP
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BRYAN MONTEAGUDO PRES 04/07/2006

Electronic Signature of Signing Officer or Director — Date