

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90018 002 \*\*\*\*61.25

**DOCUMENT # N01000005553**



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

Principal Place of Business  
**12650 WHITEHALL DR  
FORT MYERS, FL 33907**

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

2. Principal Place of Business - No P.O. Box #

**14360 S. Tamiami Tr**  
Suite, Apt. #, etc.  
**Unit B**

3. Mailing Address

**14360 S Tamiami Tr**  
Suite, Apt. #, etc.  
**Unit B**



01282008 Chg-NP CR2E037 (12/06)

City & State  
**Ft Myers FL**

City & State  
**Ft Myers FL**

4. FEI Number  
**48-1256422**

Applied For  
Not Applicable

Zip  
**33912** Country  
**USA**

Zip  
**33912** Country  
**USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VANDALL, BONITA D  
12650 WHITEHALL DR  
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name **Paul Sapp**  
Street Address (P.O. Box Number is Not Acceptable)  
**14360 South Tamiami Trail unit B**  
**Fort Myers FL** Zip Code **33912**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MONTEAGUDO, BRYAN  
9425 SCARLETT OAK AVE  
FORT MYERS, FL 33912** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ORTIZ, ERIC  
9339 GOLDEN RAIN LN  
FORT MYERS, FL 33912** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
OPPERMAN, MARGARITA  
9411 SCARLETT OAK AVE  
FORT MYERS, FL 33912** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KALI, JOZSEF  
9411 SCARLETT OAK AVE  
FORT MYERS, FL 33912** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GRAHAM, RICK  
17608 HOLLY OAK AVE  
FT MYERS, FL 33967** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P RON WARD  
14360 South Tamiami Trail Unit B  
Fort Myers FL 33912** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP RICK GRAHAM  
14360 South Tamiami Trail Unit B  
Fort Myers FL 33912** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T James Tucker  
14360 South Tamiami Trail Unit B  
Fort Myers FL 33912** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S Tonva Schrott  
14360 South Tamiami Trail Unit B  
Fort Myers FL 33912** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Tamera Caneles  
14360 South Tamiami Trail Unit B  
Fort Myers FL 33912** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS Randy Dineley  
14360 South Tamiami Trail Unit B  
Fort Myers FL 33912** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

**1-28-08**

**2.39.48/1517**