2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90184 005 ****61.25

DOCUMENT # N01000005553

1. Entity Name
TIMBER LAKE AT THREE OAKS HOMEOWNERS' ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
1192 E NEWPORT CENTER DR #150 DEERFIELD BEACH FL 33442	1192 E NEWPORT CENTER DR #150 DEERFIELD BEACH FL 33442

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
C/O 12650 WHITEHALL DR	C/O BENSON'S INC
Suite, Apt. #, etc.	Suite, Apt. #, etc. 12650 WHITEHALL DR
City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip 33907 Country US	Zip 33907 Country US

4. FEI Number 48-1256422 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN E
80 SW 8TH ST, SUITE 2550
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name MARK R. BENSON
Street Address (P.O. Box Number is Not Acceptable) 12650 WHITEHALL DR
City FORT MYERS **FL** Zip Code 33907

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] 2-13-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUMPHRIES, MICHAEL 1192 E NEWPORT CENTER DR, #150 DEERFIELD BEACH FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROCA, RAFAEL 1192 E NEWPORT CENTER DR, #150 DEERFIELD BEACH FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B. SD SHARPSTEEN, CANDACE 1192 E NEWPORT CENTER DR, #150 DEERFIELD BEACH FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Candace Sharpsteen Sec. CANDACE SHARPSTEEN 2/12/03 954-428-4854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)