FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02999 (3)

1. Corporation Name

TIMBERLAKE CONDOMINIUM NO. "2" ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17401 BIRCHWOOD LANE S.W. FT. MYERS FL 33908	17401 BIRCHWOOD LANE S.W. FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1984
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2385066 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.042, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GEDDES,WILLIAM
17424 BIRCHWOOD LANE SW
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GEDDES, WILLIAM	1.2 NAME		
STREET ADDRESS	17424 BIRCHWOOD LN, SW 1	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33908	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	NAPOLITANI, QUIDO	2.2 NAME		
STREET ADDRESS	17426-12 BIRCHWOOD LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33908	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD-T	☒ Change ☐ Addition
NAME	ANGELO, DEMIO	3.2 NAME	Angelo, Demio	
STREET ADDRESS	37 MYRTLE AVE	3.3 STREET ADDRESS	37 Myrtle Ave	
CITY-ST-ZIP	KEANSBURG NJ	3.4 CITY-ST-ZIP	Keansburg, N.J.	
TITLE	TD	4.1 TITLE	T	☒ Change ☐ Addition
NAME	CERE, JOSEPH	4.2 NAME	Coy, Joseph	
STREET ADDRESS	17248 BIRCHWOOD #13	4.3 STREET ADDRESS	17420 15 Birchwood Lane	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	CONTE, CLAIRE	5.2 NAME		
STREET ADDRESS	17426-3 BIRCHWOOD LN SW	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Angelo DeMio 4/27/95 813-433-0005
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
ANGELO DEMIO

005934