

FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02999					
1. Corporation Name TIMBERLAKE CONDOMINIUM NO. "2" ASSOCIATION, INC.					
Principal Place of Business 17401 BIRCHWOOD LANE S.W. FT. MYERS FL 33908			Mailing Address 17401 BIRCHWOOD LANE S.W. FT. MYERS FL 33908		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/10/1984 4. FEI Number 59-2385066 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
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 81 Name RUTH CARRIERE 82 Street Address (P.O. Box Number is Not Acceptable) 17426 BIRCHWOOD LN. # 1 83 84 City FT Myers FL 85 Zip Code 33908		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Ruth L. Carriere</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD ☒ DELETE NAME GEDDES, WILLIAM STREET ADDRESS 17424 BIRCHWOOD LN, SW 1 CITY-ST-ZIP FT. MYERS FL 33908			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D ☐ DELETE NAME CARRIERE, RUTH STREET ADDRESS 17426-1 BIRCHWOOD LANE CITY-ST-ZIP FT. MYERS FL 33908			2.1 TITLE ☒ Change ☐ Addition 2.2 NAME Ruth L. Carriere 2.3 STREET ADDRESS 17426-1 Birchwood Ln. 2.4 CITY-ST-ZIP FT. MYERS FL 33908		
TITLE VDT ☒ DELETE NAME ANGELO, DEMIO STREET ADDRESS 37 MYRTLE AVE CITY-ST-ZIP KEANSBURG NJ			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE TSD ☐ DELETE NAME PERRINO, SUE STREET ADDRESS 17426-8 BIRCHWOOD LANE CITY-ST-ZIP FT MYERS FL 33908			4.1 TITLE ☒ Change ☐ Addition 4.2 NAME PERRINO, SUE 4.3 STREET ADDRESS 17426-8 BIRCHWOOD LANE 4.4 CITY-ST-ZIP FT. MYERS FL 33908		
TITLE D ☒ DELETE NAME CARRIERE, JOSEPH STREET ADDRESS 17426-1 BIRCHWOOD LN CITY-ST-ZIP FT MYERS FL			5.1 TITLE ☐ Change ☒ Addition 5.2 NAME D MACHOVINA, RAY 5.3 STREET ADDRESS 5637 Cherrywood Drive 5.4 CITY-ST-ZIP 17426 #15 Birchwood Lane SW FT MYERS, FL 33908		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

Ruth L. Carriere
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

941-489-4566

CR2E037-11/98