## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N02999**

1. Entity Name

TIMBERLAKE CONDOMINIUM NO. "2" ASSOCIATION, INC.

**FILED** May 19, 2000 8:00 am Secretary of State

							05-19-2000 90050 025 ****61.25			
Principal Place of Business  DICK LAPOSTA, C.M.C.A. DL  17401 BIRCHWOOD LANE S.W. FI. MYERS FL 33908  DICK LAPOSTA, C.M.C.A. DL  GULF SHORES C.A.M.  76 PONDELLA ROAD, STE 201  N. FORT MYERS, FLORIDA 33903							en adılı izbir feka (are fek di	hiz Grafit Static Grafic Gra	er Arbuc vaar	
2. Principal F	Place of Busin	•	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN T	'HIS SPACE		
0.00			City & Croto						aliant Far	
City & State			City & State			4. FEI Numbe	59-2385066	——————————————————————————————————————	plied For t Applicable	
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desired	\$8.75 Add Fee Required		
	6. Name	and Address of Current P	legistered Agent			7. Name and	Address of New Registe	'		
GEDDES, WILLIAM 17424 BIRCHWOOD LANE SW  SGULF S 76 PON							Postar 4/29/00			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing \$5.0			5.00 May Be	00 May Be Make Check Payable to			
10.		OFFICERS AND DIRI	CTORS	11.		ADDITIONS/CHA	NGES TO OFFICERS AN		10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	17426-1 B	ie, ruth l Irchwood ln S Fl 33908	☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIERE 17426-12		Delete		T ADDRESS ST- ZIP	4.200		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PERRINO, 17426-B B		<b>Des</b> ete	TITLE NAME STREE	T ADDRESS	· · · · · ·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PERRION,	SUE IRCHWOOD LANE	☐ Delete	TITLE NAME STREE CITY-	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIERE	, JOSEPH IRCHWOOD LN	Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	Addition	
TITLE	·		☐ Delete	TITLE	1			☐ Change	☐ Addition	

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

NAME STREET ADDRESS

CITY-ST-ZIP

Carrière