## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # NO2999

1. Entity Name

TIMBERLAKE CONDOMINIUM NO. "2" ASSOCIATION, INC.

## Apr 19, 2001 8:00 am Secretary of State

04-19-2001 90008 035 \*\*\*\*61.25

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Principal Place of Business

17401 BIRCHWOOD LANE S.W. FT. MYERS FL 33908

GULF SHORES C.A.M.

76 PONDELLA ROAD

**SUITE # 201** 

|  |  |  | HIND HIND I | ł |
|--|--|--|-------------|---|

|                               | , N. f. I =  | HIERD, FL O                | 300                          | <i>;</i> }},                      |                                       |                             |                             |  |  |
|-------------------------------|--|----------------------------|------------------------------|-----------------------------------|---------------------------------------|-----------------------------|-----------------------------|--|--|
| 2. Principal F                | Place of Business  | -wwannig/Addicas           |                              |                                   |                                       | E1011 01011 01011 01011 61  | <b>a</b> n <b>a</b> nah (aa |  |  |
| Suite, Apt.                   | #, etc.  | Suite, Apt. #, etc.        |                              |                                   | DO NOT WRITE IN                       | I THIS SPACE                |                             |  |  |
| City & Stat                   | te   | City & State               |                              | 4. FEI Nur                        | <sup>mber</sup> <b>59-2385066</b>     | <del>      -   -  </del>    | oplied For                  |  |  |
| <u> </u>                      |  |                            | <del></del>                  |                                   | 1000 App 10                           |                             |                             |  |  |
| Zip Country                   |  | Zip                        | Country                      | 5. Certifica                      | ate of Status Desired [               | □ \$8.75 Add<br>Fee Require |                             |  |  |
|                               | 6. Name and Address of Current I   | Registered Agent           |                              |                                   | and Address of New Regis              | tered Agent                 |                             |  |  |
|                               |  |                            | Name                         | Name                              |                                       |                             |                             |  |  |
| LAPOSTA                       | DICK   |                            | Street                       | : Address (P.O. Box Nur           | mber is Not Acceptable)               |                             |                             |  |  |
|                               | ORES C.A.M.  |                            |                              |                                   |                                       |                             |                             |  |  |
|                               | ELLA RD STE 201  |                            |                              |                                   |                                       | 1                           |                             |  |  |
| FORT MY                       | ERS FL 33903   |                            | City                         |                                   |                                       | FL   Zip Cod                | е                           |  |  |
| 8. The above                  | named entity submits this statement for  | the purpose of changing it | s registered office          | or registered agent, or           | both, in the state of Florida         |                             |                             |  |  |
|                               | ,  | J. J.                      | 9                            |                                   |                                       |                             |                             |  |  |
|                               |  |                            |                              |                                   |                                       |                             |                             |  |  |
| SIGNATURE                     | Signature, typed or printed name of registered agent a   | nd title if applicable (NO | TE: Registered Agent sig     | nature required when reinstating) |                                       | DATE                        | <del></del>                 |  |  |
|                               | organization, 17 page at printed many day organization against a a | (1-                        |                              |                                   | · · · · · · · · · · · · · · · · · · · |                             |                             |  |  |
|                               | FILE NOW:  | 9. Election Campaig        | n Financing                  | ¢5 00 4 D-                        | Make Ci                               | neck Payable to             |                             |  |  |
|                               | FEE IS \$61.25   | Trust Fund Contril         |                              | \$5.00 May Be<br>Added to Fees    | ······, ·                             |                             |                             |  |  |
|                               | 1 EL 13 \$01.23  |                            |                              |                                   |                                       |                             |                             |  |  |
| 10.                           | OFFICERS AND DIR   | ECTORS                     | 11.                          |                                   | CHANGES TO OFFICERS A                 | ND DIRECTORS IN             |                             |  |  |
| TITLE                         | P  | ☐ Delete                   | TITLE                        | ID                                |                                       | ☐ Change                    | Addition                    |  |  |
| NAME                          | CARRIERUE, RUTH L  |                            | NAME                         | MACHOVIN                          |                                       |                             |                             |  |  |
| STREET ADDRESS                | 17426-1 BIRCHWOOD LN   |                            | STREET ADDRES CITY-ST-ZIP    |                                   | RCHWOOD LANE                          |                             |                             |  |  |
| CITY-ST-ZIP                   | FT. MYERS FL 33908   |                            |                              | TUKI MYEN                         | RS, FLORIDA                           |                             | the second                  |  |  |
| TITLE                         | TSD<br>DEDDING CHE   | ☐ Delete                   | : TITLE<br>NAME              |                                   | RICHARD                               | Change                      | Addition                    |  |  |
| NAME<br>STREET ADDRESS        | PERRINO, SUE<br>17426-B BIRCHWOOD LANE   |                            | STREET ADDRES                | 1                                 | BIRCHWOOD LA                          | KIE 445                     |                             |  |  |
| CITY-ST-ZIP                   | FORT MYERS FL 33908  |                            | CITY-ST-ZIP                  |                                   |                                       |                             |                             |  |  |
| TITLE                         | TSD TSD  | Delete                     | TITLE                        |                                   | ERS, FL 3390                          | Change                      | Addition                    |  |  |
| NAME                          | PERRION, SUE   |                            | NAME                         |                                   |                                       |                             |                             |  |  |
| STREET ADDRESS                | 17426-8 BIRCHWOOD LANE   |                            | STREET ADDRES                | s                                 |                                       |                             |                             |  |  |
| CITY-ST-ZIP                   | FT MYERS FL 33908  |                            | CITY-ST-ZIP                  |                                   |                                       |                             |                             |  |  |
| TITLE                         | D  | ☐ Delete                   | TITLE                        |                                   |                                       | ☐ Change                    | ☐ Addition                  |  |  |
| NAME                          | CARRIERE, JOSEPH   |                            | NAME                         |                                   |                                       |                             |                             |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP | 17426-1 BIRCHWOOD LN   |                            | STREET ADDRES<br>CITY-ST-ZIP | ° [                               |                                       |                             |                             |  |  |
|                               | FT MYERS FL  | □ B.L.                     |                              | <del></del>                       |                                       | ☐ Change                    | ☐ Addition                  |  |  |
| TITLE<br>NAME                 |  | ☐ Delete                   | TITLE<br>NAME                |                                   |                                       | [_] Change                  | Addition                    |  |  |
| STREET ADDRESS                |  |                            | STREET ADDRES                | s                                 |                                       |                             |                             |  |  |
| CITY-ST-ZIP                   |  |                            | CITY-ST-ZIP                  |                                   |                                       |                             |                             |  |  |
| TITLE                         | ·  | ☐ Delete                   | TITLE                        |                                   |                                       | ☐ Change                    | Addition                    |  |  |
| NAME                          |  |                            | NAME                         |                                   |                                       | <u> </u>                    |                             |  |  |
| STREET ADDRESS                |  |                            | STREET ADDRES                | s                                 |                                       |                             |                             |  |  |
| CITY - ST - 7IP               | İ  |                            | CITY-ST-7IP                  | 1                                 |                                       |                             |                             |  |  |

**GULF** 

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: .