2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State
05-21-2007 90059 019 ****61.25

DOCUMENT # N02999

1. Entity Name
TIMBERLAKE CONDOMINIUM NO. "2" ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17401 BIRCHWOOD LANE S.W. FT. MYERS, FL 33908	GULF SHORES C.A.M. 76 PONDELLA RD, STE 201 N. FORT MYERS, FL 33903

DO NOT WRITE IN THIS SPACE

04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2385066
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAPOSTA, DICK
GULF SHORES C.A.M.
76 PONDELLA RD STE 201
FORT MYERS, FL 33903

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARRIERUE, RUTH L
STREET ADDRESS	17426-1 BIRCHWOOD LN
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	D
NAME	MOLNAR, ALEX
STREET ADDRESS	17422-8 BIRCHWOOD LN
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VP
NAME	MACHOVINA, RAY
STREET ADDRESS	17424 BIRCHWOOD LN #15
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	D
NAME	MORREALE, GUS
STREET ADDRESS	17426-3 BIRCHWOOD LN.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

239-489-4566

SIGNATURE: Ruth L. Carriere RUTH L. Carriere
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #