2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N02999

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2385066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CARRIERUE, RUTH L
Address: 17426-1 BIRCHWOOD LN
City-St-Zip: FT. MYERS, FL 33908

Title: D ( ) Delete
Name: MOLNAR, ALEX
Address: 17422-8 BIRCHWOOD LN
City-St-Zip: FORT MYERS, FL 33908

Title: DVP ( ) Delete
Name: MAJOR, RICHARD
Address: 17420-2 BIRCHWOOD LANE
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete
Name: MORREALE, GUS
Address: 17426-3 BIRCHWOOD LN.
City-St-Zip: FORT MYERS, FL 33908

Title: DS ( ) Delete
Name: MAJOR, LAUREL
Address: 17420-2 BIRCHWOOD LANE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CARRIERE, RUTH L
Address: 17426-1 BIRCHWOOD LN
City-St-Zip: FT. MYERS, FL 33908

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH CARRIERE P 04/13/2009

Electronic Signature of Signing Officer or Director — Date