

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 JUL -9 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N06000008438</b> 1. Entity Name <b>TIMBERWALK SOUTH AT THREE OAKS HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>3527 PALM HARBOR BLVD PALM HARBOR, FL 34683</b>		Mailing Address <b>3527 PALM HARBOR BLVD PALM HARBOR, FL 34683</b>	
2. Principal Place of Business, Also P.O. Box # <b>INDEPENDENT MANAGEMENT LLC</b> <b>27299 Riverview Center Bl. #102 Bonita Springs, FL 34134</b> <b>PH 239-948-0419</b>		3. Mailing Address <b>19 RIVERVIEW CENTER BLVD</b> City, Apt. #, etc. / & State Country	
4. FEI Number <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		06082007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <b>HANSON, JACK B MELROSE MANAGEMENT GROUP 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683</b>		7. Name and Address of New Registered Agent Name <b>Independent Management LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>27299 RIVERVIEW CTR BLVD</b> # <b>102</b> City <b>Bonita Springs</b> FL <b>34134</b>	
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 <u><b>Susan Delgado</b></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSH, MARK 17560 BRIDGESTONE LOOP FT MYERS, FL 33967	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700106258987</b> <b>07/17/07--01016--025 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRIERI, MIKE 17523 LAUREL GROVE COURT FT MYERS, FL 33967	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAWLINSON, EDWIN 17571 CHERRY RIDGE LANE FT MYERS, FL 33967	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAPES, MARTY 9527 BROOKVILLE COURT FT MYERS, FL 33967	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEUS, ALFREDO 17561 BRICKSTONE LOOP FT MYERS, FL 33967	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:		Date <u><b>6/8/07</b></u> Daytime Phone # _____	

*Handwritten initials: 7/11/07*