

2 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90009 029 ****61.25



DOCUMENT # N19449
 1. Entity Name
TIMBERLAKES HOMEOWNERS ASSOCIATION OF SARASOTA, INC.

Principal Place of Business Mailing Address
 2477 STICKNEY POINT RD., #118 2477 STICKNEY POINT RD., #118
 SARASOTA FL 34231 SARASOTA FL 34231



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-2867372 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
ARGUS PROPERTY MANAGEMENT, INC. - - - - -
2477 STICKNEY POINT RD., #118 A
SARASOTA FL 34231

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | ZAVON, MITCH | |
| STREET ADDRESS | 4559 TRAILS DR | |
| CITY- ST- ZIP | SARASOTA FL 34232 | |
| TITLE | SD/ED | <input type="checkbox"/> Delete |
| NAME | DEXTER, MARY JANE | |
| STREET ADDRESS | 4479 TRAILS DR | |
| CITY- ST- ZIP | SARASOTA FL 34232 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DEERING, JAMES | |
| STREET ADDRESS | 4476 TRAILS DR | |
| CITY- ST- ZIP | SARASOTA FL 34232 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KENT, ROD | |
| STREET ADDRESS | 4510 TRAILS DR | |
| CITY- ST- ZIP | SARASOTA FL 34232 | |
| TITLE | ED PRES. | <input type="checkbox"/> Delete |
| NAME | TAYLOR, DAVID | |
| STREET ADDRESS | 4548 TRAILS DR | |
| CITY- ST- ZIP | SARASOTA FL 34232 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DONNA TAYLOR | |
| STREET ADDRESS | 4548 TRAILS DR. | |
| CITY- ST- ZIP | SARASOTA, FL 34232 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SHARON FARLEY | |
| STREET ADDRESS | 4490 TRAILS DR. | |
| CITY- ST- ZIP | SARASOTA, FL 34232 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David Taylor* DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR