

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90020 001 ****61.25

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

Principal Place of Business 2477 STICKNEY POINT RD., #118 SARASOTA FL 34231	Mailing Address 2477 STICKNEY POINT RD., #118 SARASOTA FL 34231
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

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

Deborah M. Siffert

2/26/08

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature not used when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, DONNA 4548 TRAILS DR SARASOTA FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy Gorski 4464 Trails Dr. Sarasota, FL 34232	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD DEXTER, MARY JANE 4479 TRAILS DR SARASOTA FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rod Kent 4510 Trails Dr. Sarasota, FL 34232	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEERING, JAMES 4476 TRAILS DR SARASOTA FL 34232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1599 Suwannee Ct. Sarasota, FL 34232	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARLEY, SHARON 4490 TRAILS DR SARASOTA FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen Parenti 4463 Trails Dr. Sarasota, FL 34232	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, DAVID 4548 TRAILS DR SARASOTA FL 34232	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Deborah M. Siffert

2/26/08