

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23138 (3)**

1. Corporation Name

TIMBERWOODS OF NAPLES ASSOCIATION, INC.

Principal Place of Business

**3301 TIMBERWOOD CIRCLE
NAPLES FL 33942**

Mailing Address

~~1100 FIFTH AVE SOUTH~~
~~STE 201~~
~~NAPLES FL 33940~~
~~XXX~~

**2338 Immokalee Rd #144
Naples, FL 33942-1445**



3. Date Incorporated or Qualified
10/23/1987

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 **2338 Immokalee Rd #144**

Suite, Apt. #, etc.

27 **Naples, FL 33942-1445**

City & State

28

Zip

29 **33942-1445**

Country

30 **Collier**

4. FEI Number

59-2678232

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HALL, ROBERT
1100 FIFTH AVE SOUTH
STE - 201
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

Combined Management

82 Street Address (P.O. Box Number is Not Acceptable)

2338 Immokalee Rd #144

83

Naples, FL 33942-1445

84 City

Naples

FL

85 Zip Code

33942-1445

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Rita Svoboda

Rita Svoboda

April 16, 1996

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TONY DAMORE, JR	
STREET ADDRESS	3352 TIMBERWOOD CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FORTIN, DONALD	
STREET ADDRESS	3370 TIMBERWOOD CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLS, LEE	
STREET ADDRESS	3333 TIMBERLAND CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LILLIAN STAFFORD	
STREET ADDRESS	3395 TIMBERWOOD CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NICKELL, DIANNE	
STREET ADDRESS	3397 TIMBERWOOD CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANGELO FANTOZZI	
STREET ADDRESS	3393 TIMBERWOOD CIR	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kevin Pepperall	
1.3 STREET ADDRESS	3379 Timberwood Circle	
1.4 CITY-ST-ZIP	Naples, FL 33942	
2.1 TITLE	SECY D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Helene C. Williams	
2.3 STREET ADDRESS	3315 Timberwood Circle	
2.4 CITY-ST-ZIP	Naples, FL 33942	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lillian Stafford	
4.3 STREET ADDRESS	3395 Timberwood Circle	
4.4 CITY-ST-ZIP	Naples, FL 33942	
5.1 TITLE	TREAS D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert McGee	
5.3 STREET ADDRESS	3383 Timberwood Circle	
5.4 CITY-ST-ZIP	Naples, FL 33942	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Helene C. Williams

Helene C. Williams

4/17/96

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)