

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90013 032 ****61.25

DOCUMENT # N23138

1. Entity Name

TIMBERWOODS OF NAPLES ASSOCIATION, INC.

Principal Place of Business

**3301 TIMBERWOOD CIRCLE
 NAPLES FL 33942**

Mailing Address

~~2640 GOLDEN GATE~~
~~STE 114~~
NAPLES FL 34105
US

2. Principal Place of Business

3. Mailing Address

2685 HORSESHOE DR. SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

215

City & State

Naples FL

Zip

Country

34104

Country

US

4. FEI Number

65-0169846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLER, JOHN
 3398 TIMBERWOOD CIR
 STE - 201
 NAPLES FL 34105**

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.

SIGNATURE

John Keller

1/8/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLER, JOHN	
STREET ADDRESS	3398 TIMBERWOOD CIR	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MARC	
STREET ADDRESS	3400 TIMBERWOOD CIR	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KIRKPATRICK, THAD	
STREET ADDRESS	3353 TIMBERWOOD CIR	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BARLEY, CAROL	
STREET ADDRESS	3308 TIMBERWOOD CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARLEY, CHARLES	
STREET ADDRESS	3308 Timberwood Circle	
CITY-ST-ZIP	Naples, FL 34105	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUPP, Pam	
STREET ADDRESS	9787 Sussex ST.	
CITY-ST-ZIP	Naples FL 34109	
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 exemption stated in Section 119.07(3)(i), 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:

John Keller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

649-5526

Daytime Phone #

CR2E037 (10/00)