

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0048683

DOCUMENT # N23138

1. Entity Name

TIMBERWOODS OF NAPLES ASSOCIATION, INC.

04-07-2002 90084 035 ****61.25

Principal Place of Business

Mailing Address

**3301 TIMBERWOOD CIRCLE
 NAPLES FL 33942**

**2685 HORSESHOE DR SOUTH
 215
 NAPLES FL 34104
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0169846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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

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** ☐ Delete
 NAME **KELLER, JOHN**
 STREET ADDRESS **3398 TIMBERWOOD CIR**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **BARLEY, CHARLES**
 STREET ADDRESS **3308 TIMBERWOOD CIRCLE**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **HUPP, PAM**
 STREET ADDRESS **9787 SUSSEX STREET**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Change ☒ Addition
 NAME **SECRETARY/TREASURER/D**
 STREET ADDRESS **KATHERINE TODD**
 CITY-ST-ZIP **1950 VINTAGE CIRCLE**
NAPLES, FL 34119

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **BILL LAUKFORD**
 CITY-ST-ZIP **3329 TIMBERWOOD CIRCLE**
NAPLES, FL 34109

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (9/01)