

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90057 020 ****61.25

94037700



03112004 Chg-NP CR2E037 (10/03)

DOCUMENT # N23138

1. Entity Name
TIMBERWOODS OF NAPLES ASSOCIATION, INC.



Principal Place of Business
3301 TIMBERWOOD CIRCLE
NAPLES, FL 33942

Mailing Address
3400 TAMIAMI TRAIL N.
SUITE 202
NAPLES, FL 34103-3717 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIANA GURGES, ACCOUNTANT
3400 TAMIAMI TRAIL NORTH
STE - 202
NAPLES, FL 34103-3717

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
DVP
CUSCHIERI, SHARON
3336 TIMBERWOOD CIRCLE
NAPLES, FL 34105 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Anne Rose Killpack
3400 Timberwood Circle
Naples, FL 34105 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Christopher Merini
3332 Timberwood Circle
Naples, FL 34105 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
RALSTON, OLIVIA
3330 TIMBERWOOD CIRCLE
NAPLES, FL 34105 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANKFORD, BILL
3329 TIMBERWOOD CIRCLE
NAPLES, FL 34105 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALSH, BILL
3428 TIMBERWOOD CIRCLE
NAPLES, FL 34105 ☒ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04

Date

Daytime Phone #