


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90155 029 ****61.25

DOCUMENT # N23138		
1. Entity Name TIMBERWOODS OF NAPLES ASSOCIATION, INC.		
Principal Place of Business 4306 ARNOLD AVENUE NAPLES, FL 34104	Mailing Address PO BOX 110339 NAPLES, FL 34108 US	

40060400

2. Principal Place of Business - No P.O. Box # C/O	
Suite, Apt. #, etc. Coastal Property Management 501 Goodlette Rd.N, Ste C-200	
City & State Naples, FL 34102	

32122007 Chg-NP CR2E037 (12/06)

FEI Number 65-0169846	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KUETER, BEVERLY 4306 ARNOLD AVENUE NAPLES, FL 34108	7. Name and Address of New Registered Agent Coastal Property Management 501 Goodlette Rd.N, Ste C-200 Naples, FL 34102
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8. The above named entity submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE John S. Green, Manager	DATE 3/28/07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KILLPACK, ANNE ROSE 3400 TIMBERWOOD CIR NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBIN ERNST 3313 TIMBERWOOD CIRCLE NAPLES, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARLEY, CHARLES 3308 TIMBERWOOD CIRCLE NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/H JOHN HUGHES 3314 TIMBERWOOD CIRCLE NAPLES, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, JERRY 3383 TIMBERWOOD CIRCLE NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE PRES NAME STREET ADDRESS CITY-ST-ZIP	BONNIE TRUDEL 3403 TIMBERWOOD CIRCLE NAPLES, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONLIN-MOORE, MARY 3316 TIMBERWOOD CIRCLE NAPLES, FL 34109 <input checked="" type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	DAVID SCHMIED 3407 TIMBERWOOD CIRCLE NAPLES, FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEMIM, CHRISTOPHER 3332 TIMBERWOOD CIR NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Green - Manager
2/28/2007 239-434-2077