

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N23138 1. Entity Name TIMBERWOODS OF NAPLES ASSOCIATION, INC.					
Principal Place of Business C/O COASTAL PROPERTY MANAGEMENT 501 GOODLETTE RD. N, STE C-200 NAPLES, FL 34102			Mailing Address C/O COASTAL PROPERTY MANAGEMENT 501 GOODLETTE RD. N, STE C-200 NAPLES, FL 34102		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number 65-0169846		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Destroyed <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COASTAL PROPERTY MANAGEMENT 501 GOODLETTE RD. N, STE C-200 NAPLES, FL 34102			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNST, ROBIN 3313 TIMBERLAND CIRCLE NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400108202114 08/16/07--01047--002 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUGHES, JOHN 3314 TIMBERWOOD CIRCLE NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRUDEL, BONNIE 3403 TIMBERWOOD CIRCLE NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EPPERLY-TRUDEL, BONNIE 3403 TIMBERWOOD CIRCLE NAPLES, FL 34105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHMIED, DAVID 3407 TIMBERWOOD CIRCLE NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEMIM, CHRISTOPHER 3332 TIMBERWOOD CIR NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENNINI, CHRISTOPHER 3332 TIMBERWOOD CIRCLE NAPLES, FL 34105	
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: DATE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

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SECRETARY OF STATE



07232007 Chg-NP CR2E037 (12/06)