


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> NZ3138	
<b>1. Entity Name</b> TIMBERWOOD OF NAPLES ASSOCIATION, INC.	

<b>Principal Place of Business</b> C/O COASTAL PROPERTY MANAGEMENT 501 GOODLETTE RD. N, STE C-200 NAPLES, FL 34102	<b>Mailing Address</b> C/O COASTAL PROPERTY MANAGEMENT 501 GOODLETTE RD. N, STE C-200 NAPLES, FL 34102
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**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 65-0169846	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

COASTAL PROPERTY MANAGEMENT  
501 GOODLETTE RD. N, STE C-200  
NAPLES, FL 34102

**DO NOT WRITE IN THIS SPACE**

**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** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000937681 05/27/08-80055-004 61.25
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	ERNST, ROBIN
<b>STREET ADDRESS</b>	3313 TIMBERLAND CIRCLE
<b>CITY-ST-ZIP</b>	NAPLES, FL 34105
<b>TITLE</b>	ST
<b>NAME</b>	HUGHES, JOHN
<b>STREET ADDRESS</b>	3314 TIMBERWOOD CIRCLE
<b>CITY-ST-ZIP</b>	NAPLES, FL 34105
<b>TITLE</b>	P
<b>NAME</b>	EPPERLY-TRUDEL, BONNIE
<b>STREET ADDRESS</b>	3403 TIMBERWOOD CIRCLE
<b>CITY-ST-ZIP</b>	NAPLES, FL 34105
<b>TITLE</b>	V
<b>NAME</b>	SCHMIED, DAVID
<b>STREET ADDRESS</b>	3407 TIMBERWOOD CIRCLE
<b>CITY-ST-ZIP</b>	NAPLES, FL 34105
<b>TITLE</b>	D
<b>NAME</b>	MENNINNI, CHRISTOPHER
<b>STREET ADDRESS</b>	3332 TIMBERWOOD CIR
<b>CITY-ST-ZIP</b>	NAPLES, FL 34105
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**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  
03-05-2008 - Ph 239-434-2077