2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2010
Secretary of State

DOCUMENT# N23138

Entity Name: TIMBERWOOD OF NAPLES ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0169846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: TRUDEL, BONNIE
Address: 3403 TIMBERLAND CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: VP
Name: SCHMIED, DAVID
Address: 3407 TIMBERWOOD CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: S/T
Name: WILLIAMS, HELENE
Address: 3315 TIMBERWOOD CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: D
Name: HIDALGO, EDUARDO
Address: 3342 TIMBERWOOD CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: D
Name: SUMMERS, LORINE
Address: 3954 SPRING VALLEY RD
City-St-Zip: DOYLESTOWN, PA 18902

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN S GREEN MGR 04/08/2010
Electronic Signature of Signing Officer or Director Date