


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90085 014 ****61.25

DOCUMENT # N28805

1. Entity Name
THE TIMBERS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**6900-29 DANIELS PKWY
 PMB #152
 FT MYERS, FL 33912 US**

Mailing Address
**TIMBERS
 6900-29 DANIELS PKWY PMB #152
 FT MYERS, FL 33912 US**

50033187



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03212005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0082970

Applied For
 Not Applicable

Zip Country

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

**HANNIGAN, MARTHA
 11633 TIMBERLINE CIRCLE
 FORT MYERS, FL 33912**

Name
-Letty Kale

Street Address (P.O. Box Number is Not Acceptable)
11657 Timberline Circle

City
Fort Myers

FL Zip Code
33912

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 **Letty Kale, Bd. Treasurer Letty Kale** **3/30/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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	D HANNIGAN, MARTHA 11633 TIMBERLINE CIRCLE FORT MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SCHNIEDER, RICK 11675 TIMBERLINE CR FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RANDOLPH, MICHAEL D 11670 TIMBERLINE CR FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LONERGAN, JOHN R 11638 TIMBERLINE CIRCLE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hannigan, Martha 11633 Timberline Circle Fort Myers FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Allen, Robert 11651 Timberline Circle Fort Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Randolph, Michael D 11670 Timberline Circle Fort Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alexander, George 11626 Timberline Circle Fort Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kale, Letty 11657 Timberline Circle Fort Myers, FL 33912
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 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: **Letty Kale Letty Kale** **3/30/05 (239)936-0504**

Signature and typed or printed name of signing officer or director Date Daytime Phone #