


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90002 044 ****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 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

50025357



08152006 Chg-NP CR2E037 (4/06)

4. FEI Number **65-0082970** Applied For
 Not Applicable

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 | |
| KALE, LETTY 11657 TIMBERLINE CIRCLE FORT MYERS, FL 33912 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by September 6, 2006

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 | P HANNIGAN, MARTHA 11633 TIMBERLINE CIRCLE FORT MYERS, FL 33912 <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 | D ALLEN, ROBERT 11651 TIMBERLINE CIRCLE FT MYERS, FL 33912 <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 | V RANDOLPH, MICHAEL D 11670 TIMBERLINE CR FT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALEXANDER, GEORGE 11626 TIMBERLINE CIRCLE FORT MYERS, FL 33912 <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 | T KALE, LETTY 11657 TIMBERLINE CIRCLE FORT-MYERS, FL 33912 <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 | <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 *Letty Kale*

8/1/06