

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28805

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** THE TIMBERS PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6900-29 DANIELS PKWY  
PMB #152  
FT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

6900-29 DANIELS PKWY  
PMB #152  
FT MYERS, FL 33912 US

**New Mailing Address:**

**FEI Number:** 65-0082970      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KALE, LETTY  
11657 TIMBERLINE CIRCLE  
FORT MYERS, FL 33966 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 ( ) Delete  
Name: HANNIGAN, MARTHA  
Address: 11633 TIMBERLINE CIRCLE  
City-St-Zip: FORT MYERS, FL 33966

Title: D ( ) Delete  
Name: ALLEN, ROBERT  
Address: 11651 TIMBERLINE CIRCLE  
City-St-Zip: FT MYERS, FL 33966

Title: V ( ) Delete  
Name: GOOSIC, MARK  
Address: 11650 TIMBERLINE CIR  
City-St-Zip: FT MYERS, FL 33966

Title: D ( ) Delete  
Name: ALEXANDER, GEORGE  
Address: 11626 TIMBERLINE CIRCLE  
City-St-Zip: FORT MYERS, FL 33966

Title: T ( ) Delete  
Name: KALE, LETTY  
Address: 11657 TIMBERLINE CIRCLE  
City-St-Zip: FORT MYERS, FL 33966

Title: SECY ( ) Delete  
Name: BURUN, DONNA  
Address: 11501 TIMBERLINE CIRCLE  
City-St-Zip: FORT MYERS, FL 33966

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LETTY KALE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

04/29/2009

\_\_\_\_\_  
Date