

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28805

FILED
Feb 17, 2010
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
Name: HANNIGAN, MARTHA
Address: 11633 TIMBERLINE CIRCLE
City-St-Zip: FORT MYERS, FL 33966

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

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

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

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

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

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: LETTY KALE

T

02/17/2010

Electronic Signature of Signing Officer or Director

Date