

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90014 023 \*\*\*\*61.25

<b>DOCUMENT # N31259</b> 1. Entity Name <b>TIMBER LAKE CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>MBA ASSOCIATES INC.          187 FOREST LAKES BLVD          NAPLES, FL 34105 US</b>			Mailing Address <b>MBA ASSOCIATES INC.          187 FOREST LAKES BLVD          NAPLES, FL 34105 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0109698</b>	
Zip		Country		5. Certificate of Status Desired -- <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MBA ASSOCIATES, INC          187 FOREST LAKES BLVD          NAPLES, FL 34105</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D5 DUBE, DONALD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROSENBERGER, BARBARA		NAME	240 TIMBER LAKE CIR D-202	
STREET ADDRESS	240 TIMBERLAKE CIR D-101		STREET ADDRESS	NAPLES, FL 34105	
CITY - ST - ZIP	NAPLES, FL 34104		CITY - ST - ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D7 ROHLAND, JEANNE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GEASON, JANET		NAME	230 TIMBER LAKE CIR H-104	
STREET ADDRESS	270 TIMBERLAKE CIR G-101		STREET ADDRESS	NAPLES, FL 34105	
CITY - ST - ZIP	NAPLES, FL 34104		CITY - ST - ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PONTORIERO, JULENE		NAME		
STREET ADDRESS	220 TIMBERLAKE CIR B-101		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34104		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D O'BRIEN, FRANCIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHIRCO, MARYANN		NAME	260 TIMBER LAKE CIR F-104	
STREET ADDRESS	250 TIMBER LAKE CIRCLE E-102		STREET ADDRESS	NAPLES, FL 34105	
CITY - ST - ZIP	NAPLES, FL 34104		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUBE, PAULA		NAME		
STREET ADDRESS	220 TIMBERLAKE CIR B-202		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34104		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <i>Paula J. Dube</i> <b>Paula J. Dube</b>			<b>04.19.08 239.434.8416</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		