

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34295

FILED
Mar 05, 2009
Secretary of State

Entity Name: TIMBERWOOD VILLAGE III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 65-0250397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PTD () Delete
Name: POLK, MICHAEL
Address: 6063 TIMBERWOOD CIRCLE #302
City-St-Zip: FORT MYERS, FL 33908

Title: VPD () Delete
Name: DESROSIERS, JACK
Address: 6063 TIMBERWOOD CIRCLE #304
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: KUHN, MADELYN
Address: 6063 TIMBERWOOD CIRCLE #301
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KUHN, MADELYN
Address: 6063 TIMBERWOOD CIRCLE #301
City-St-Zip: FORT MYERS, FL 33908

Title: VPD (X) Change () Addition
Name: POLK, MICHAEL
Address: 6063 TIMBERWOOD CIRCLE #302
City-St-Zip: FORT MYERS, FL 33908

Title: TSD (X) Change () Addition
Name: CATO, STEVE
Address: 6064 TIMBERWOOD CIRCLE #308
City-St-Zip: FORT MYERS, FL 33908

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: MADELYN KUHN

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date