## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9400002311

	iss village o	f timber gre	ENS, INC.					02-26-2003 901	32 021 ******6.	1.25
10730 US 19 10730 SUITE 17 SUITI			Mailing Address 10730 US 19 SUITE 17 PORT RICHEY FL 34688 US	1730 US 19 ITE 17 DRT RICHEY FL 34668			1 2003/1/01 0/10 11	1.()	<b>9</b> 34 <b>98</b> 4 988 988 948 948	1 <b>38</b> 4 1184 1284
2. Principal Place of Business 3		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number <b>59-329 1950</b> Applied For Not Applicable			
Zip Country		Zip C		untry		5. Certificate of S	tatus Desired 🗻 🗆	\$9.75 ***	ditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
	•	-	, , , ,		Name		-		<del></del>	
QUALIFIED PROPERTY MANAGEMENT IN 10730 US 19				Street Address (			P.O. Box Number is Not Acceptable)			
SUITE 17	7									
PORT RICHEY FL 34668				City		-			FL Zip Cod	le
8. The above	e named entity subm	nits this statement for	the purpose of changing	its registere	ed office or	registere	d agent, or both, in	the State of Florida.		and accept
the obliga	ations of registered a	gent.								,
SIGNATURE										
		d name of registered agent ar	nd title if applicable. (Ne	OTE: Registered	Agent signatu	re required v	when reinstating)		DATE	
·			9. Election C		nancing		\$5.00 May Be Added to Fees	Make C	heck Payable	
	Signature, typed or printe		9. Election C Trust Fund	ampaign Fi	nancing		\$5.00 May Be Added to Fees	Make C Florida De	heck Payable epartment of S	State
<b>3</b>	Signature, typed or printe	E IS \$61.25	9. Election C Trust Fund	ampaign Fi	inancing on.	□ .	\$5.00 May Be Added to Fees	Make C	heck Payable epartment of \$	State I 10
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILE NOW: FEE  VPD  KIDWELL, WILLL 9252-GLEARME NEW-PORT-RICH PD  NOTARO, RICHA 9338 CLEARMEA	E IS \$61.25  OFFICERS AND DIRE  AM ADOW- HEY-FL- IRD	9. Election C Trust Fund ECTORS	ampaign Fill Contribution  11. TITLE NAME STREE NAME STREE	inancing on.  ET ADDRESS ST-ZIP	VD Van 1 9334	\$5.00 May Be Added to Fees  DOITIONS/CHANG  Ess, Harry Clearmeado	Make C Florida De ES TO OFFICERS AN	heck Payable epartment of \$ ID DIRECTORS IN Change	State I 10  Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZiP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

NAME

Delete

2/19/03

☐ Change

☐ Addition

Feb 26, 2003 8:00 am Secretary of State

**FILED**