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FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004103 (7)

1. Corporation Name

THE VILLAS AT TIMBER LAKE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

DICKINSON MANAGEMENT, INC.
11920 FAIRWAY LAKES DR. #2
FT MYERS FL 33913

DICKINSON MANAGEMENT, INC.
11920 FAIRWAY LAKES DR. #2
FT MYERS FL 33913

3. Date Incorporated or Qualified

08/18/1994

4. FEI Number

65-0657055

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKINSON MANAGEMENT, INC.
11920 FAIRWAY LAKES DR. SUITE 2
FT MYERS FL 33913

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ROBERT	
STREET ADDRESS	3650 STONEWAY	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WISSEN, KENNETH	
STREET ADDRESS	3717 STONEWAY	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ABRAMSON, ROBERT	
STREET ADDRESS	3734 STONEWAY	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	VAUX, MELVIN	
STREET ADDRESS	3706 STONEWAY	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTUNG, MARY KAY	
STREET ADDRESS	3640 STONEWAY	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR WISEN, KENNETH
2.3 STREET ADDRESS	3717 STONEWAY
2.4 CITY-ST-ZIP	ESTERO, FL 33928
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D VAUX, MELVIN
4.3 STREET ADDRESS	3706 STONEWAY
4.4 CITY-ST-ZIP	ESTERO, FL 33928
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DST HARTUNG, MARY KAY
5.3 STREET ADDRESS	3640 STONEWAY
5.4 CITY-ST-ZIP	ESTERO, FL 33928
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DST CAMPBELL, KATHY
6.3 STREET ADDRESS	3656 STONEWAY
6.4 CITY-ST-ZIP	ESTERO, FL 33928

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

4/29/98

CR2E037 (10/97)