

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004103

1. Entity Name

THE VILLAS AT TIMBER LAKE ASSOCIATION, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90127 002 \*\*\*\*61.25

Principal Place of Business	Mailing Address
4450 BONITA BEACH RD. #10- 164 BONITA SPRINGS FL 34134 US	4450 BONITA BEACH RD. #10- 164 BONITA SPRINGS FL 34134-3909 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0657055	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
CATTRELL, JERRY 327- WS EMERALD BAY CR. NAPLES FL 34110	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	City	FL	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.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
		1/31/00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, KATHY	NAME	
STREET ADDRESS	3656 STONEWAY	STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISSEN, KENNETH	NAME	
STREET ADDRESS	3717 STONEWAY	STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMSON, ROBERT	NAME	
STREET ADDRESS	3734 STONEWAY	STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUX, MELVIN	NAME	
STREET ADDRESS	3706 STONEWAY	STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTUNG, MARY KAY	NAME	
STREET ADDRESS	3640 STONEWAY	STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	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 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.

SIGNATURE:	REQUIRED	1/31/00	941-498-5514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (9/99)