

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004103

1. Entity Name

THE VILLAS AT TIMBER LAKE ASSOCIATION, INC.

Principal Place of Business

4450 BONITA BEACH RD.
#10- 164
BONITA SPRINGS FL 34134
US

Mailing Address

4450 BONITA BEACH RD.
#10- 164
BONITA SPRINGS FL 34134
US

2. Principal Place of Business

327 EMERALD BAY CR.

Suite, Apt. #, etc.

Suite #5

City & State

NAPLES, FLORIDA

Zip

34110

Country

USA

3. Mailing Address

327 EMERALD BAY CR.

Suite, Apt. #, etc.

Suite #5

City & State

NAPLES, FLORIDA

Zip

34110

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0657055

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATTRELL, JERRY
327-WS EMERALD BAY CR.
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

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

327-WS EMERALD BAY CR.

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.

JERRY CATTRELL

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/27/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST CAMPBELL, KATHY 3656 STONEWAY ESTERO FL 33928 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WISSEN, KENNETH 3717 STONEWAY ESTERO FL 33928 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP ABRAMSON, ROBERT 3734 STONEWAY ESTERO FL 33928 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VAUX, MELVIN 3706 STONEWAY ESTERO FL 33928 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST HARTUNG, MARY KAY 3640 STONEWAY ESTERO FL 33928 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENDRICKS, JOYCE 3676 STONEWAY ESTERO, FL 33928 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

[Signature]

1/27/01

941-498-5514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)