

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90051 043 ****61.25

DOCUMENT # N94000004103

1. Entity Name

THE VILLAS AT TIMBER LAKE ASSOCIATION, INC.



Principal Place of Business

327 EMERALD BAY CR
SUITE #5
NAPLES FL 34110
US

Mailing Address

327 EMERALD BAY CR
SUITE #5
NAPLES FL 34110
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

CATTRELL, JERRY
327 - W 5 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, KATHY	
STREET ADDRESS	3656 STONEWAY	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WISEN, 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	DT	<input type="checkbox"/> Delete
NAME	TRYON, BETTY	
STREET ADDRESS	3716 STONE WAY	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	VAUX, MELVIN	
STREET ADDRESS	3706 STONE WAY	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRCH, RICHARD	
STREET ADDRESS	3697 STONE WAY	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURLINGHAM, DEBRA LYNN	
STREET ADDRESS	3712 STONE WAY	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Kenneth R. Wisen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04 239-498-5514
Date Daytime Phone #