

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004103

FILED
Feb 04, 2009
Secretary of State

Entity Name: THE VILLAS AT TIMBER LAKE ASSOCIATION, INC.

Current Principal Place of Business:

22201 FOUNTAIN LAKES BLVD
SUITE 1
ESTERO, FL 33928 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2411
BONITA SPRINGS, FL 34133 US

New Mailing Address:

FEI Number: 65-0657055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATTRELL, JERRY
327 - W 5 EMERALD BAY CR
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: MACPHERSON, NANCY
Address: 3675 STONE WAY
City-St-Zip: ESTERO, FL 33928

Title: DS () Delete
Name: TRYON, BETTY
Address: 3716 STONE WAY
City-St-Zip: ESTERO, FL 33928

Title: DVP () Delete
Name: NELSON, BEVERLY
Address: 3654 STONE WAY
City-St-Zip: ESTERO, FL 33928

Title: DP () Delete
Name: GOTTLIEB, MIA
Address: 3723 STONE WAY
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: SEXTON, CINDI
Address: 3714 STONE WAY
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: BROWN, ROBERT
Address: 3650 STONE WAY
City-St-Zip: ESTERO, FL 33928

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: BENNETT, ELLEN
Address: 3646 STONE WAY
City-St-Zip: ESTERO, FL 33928

Title: DP (X) Change () Addition
Name: CAMPBELL, KATHY
Address: 3656 STONE WAY
City-St-Zip: ESTERO, FL 33928

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY CAMPBELL

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date