


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004652 (2) 1. Corporation Name THE TIMBER RIDGE OF IMMOKALEE ASSOCIATION, INC.					
Principal Place of Business 2449 SANDERS PINES CIRCLE IMMOKALEE FL 33834			Mailing Address 2449 SANDERS PINES CIRCLE IMMOKALEE FL 34142-2101		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/27/1995 3a. Date of Last Report 08/01/1996 4. FEI Number APPLIED FOR 65-0748601 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent WITCHGER JOHN 2449 SANDERS PINES CIRCLE IMMOKALEE FL 33834			10. Name and Address of New Registered Agent 81 Name Penczykowski, James 82 Street Address (P.O. Box Number is Not Acceptable) 2449 Sanders Pines Circle 83 84 City Immokalee FL 85 Zip Code 34142		
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 <i>James Penczykowski</i> James Penczykowski, Executive Director, 4-7-97 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. <input checked="" type="checkbox"/> DELETE VD ZAWILINSKI, FRED 802 WEST MAIN STREET IMMOKALEE FL 33834 2. <input type="checkbox"/> DELETE TD NEWSOME, ROBERT 1302 NORTH 15TH STREET IMMOKALEE FL 33834 3. <input type="checkbox"/> DELETE SD HERNANDEZ, OLGA P.O. BOX 700 N/A IMMOKALEE FL 33834 4. <input type="checkbox"/> DELETE D MATTHEWS, JOSEPH 706 BREEZEWOOD IMMOKALEE FL 33834 5. <input type="checkbox"/> DELETE D NICHOLAS, DESILUS P.O. BOX 2004 N/A IMMOKALEE FL 33834 6. <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C/D Hernandez, Olga 1.2 NAME P.O. Box 700 N/A 1.3 STREET ADDRESS Immokalee, FL 34143 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/D Touron, Armando 2.2 NAME 2500 Lake Trafford Road 2.3 STREET ADDRESS Immokalee, FL 34142 2.4 CITY-ST-ZIP 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S/D Matthews, Joseph 3.2 NAME 1111 East Main Street 3.3 STREET ADDRESS Immokalee, FL 34142 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do 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 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 in an attachment with an address. SIGNATURE: <i>Robert Newsome</i> 4/9/97 657-8557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060810</small>					

CR2E037 (9/96)