

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90043 005 ****70.00

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1. Corporation Name

THE TIMBER RIDGE OF IMMOKALEE ASSOCIATION, INC.

Principal Place of Business

2449 SANDERS PINES CIRCLE
IMMOKALEE FL 34142
US

Mailing Address

2449 SANDERS PINES CIRCLE
IMMOKALEE FL 34142
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/27/1995

4. FEI Number

65-0748601

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PENCZYKOWSKI, JAMES
2449 SANDERS PINES CIRCLE
IMMOKALEE FL 34142

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

James Penczykowski James Penczykowski, Executive Director 3-30-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME MATTHEWS, JOSEPH
STREET ADDRESS 706 BREEZEWOOD TERRACE
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE TD ☐ DELETE

NAME NEWSOME, ROBERT
STREET ADDRESS 1302 NORTH 15TH STREET
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE D ☐ DELETE

NAME CAMPOS, JUAN
STREET ADDRESS 1111 MIAN ST
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE D ☐ DELETE

NAME NICOLAS, DESILUS
STREET ADDRESS 211 S NINTH ST
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE D ☒ DELETE

NAME NICHOLAS, DESILUS
STREET ADDRESS P.O. BOX 2004 N/A
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE VD ☐ DELETE

NAME TOURON, ARMONDO
STREET ADDRESS 2500 LAKE TRAFFORD RD
CITY-ST-ZIP IMMOKALEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Matthews Joseph Matthews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/99 941/657-8333

Daytime Phone #

CR2E037 (11/98)