

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90637 039 ****61.25

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DOCUMENT # N95000004652

1. Entity 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
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0748601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAMSAY, MICHEAL R
 2449 SANDERS PINES CIRCLE
 IMMOKALEE FL 34142**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MATTHEWS, JOSEPH	
STREET ADDRESS	708 BREEZEWOOD TERRACE	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEWSOME, ROBERT	
STREET ADDRESS	1302 NORTH 15TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 33934	
TITLE	D	<input type="checkbox"/> Delete
NAME	PADILLA, GLORIA	
STREET ADDRESS	402 N MAIN ST.	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLEHER, MAUREEN	
STREET ADDRESS	1402 W. NEW MARKER RD	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	C	<input type="checkbox"/> Delete
NAME	HERNANDEZ, OLGA	
STREET ADDRESS	402 W. MAIN ST	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELIVEAU, DARBY	
STREET ADDRESS	585 ANCHOR RODE DR	
CITY-ST-ZIP	NAPLES FL 33940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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, without other like empowered.

SIGNATURE: _____ **REQUIRED** **278-82** **841-657-5333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)