

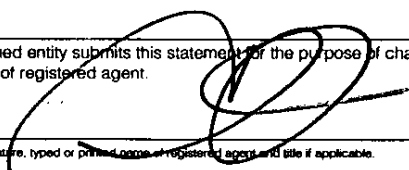
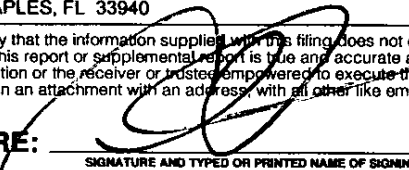


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90221 039 ****70.00

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03042005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0748601	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent 2449 SANDERS PINES CIRCLE IMMOKALEE, FL 34142			7. Name and Address of New Registered Agent Name Carl J. Kuehner Street Address (P.O. Box Number is Not Acceptable) 900 Broad Ave South, #2C City Naples FL Zip Code 34102		
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 			Carl J. Kuehner		March 7, 2005 <small>DATE</small>
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KUEHNER, CARL 900 BROAD AVE S, 2-C NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS NEWSOME, ROBERT 1302 NORTH 15TH STREET IMMOKALEE, FL 33934 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOODGOOD, JACK 788 ASHBURTON DRIVE NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KELLEHER, MAUREEN 1402 W. NEW MARKER RD IMMOKALEE, FL 34142 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HERNANDEZ, OLGA 402 W. MAIN ST IMMOKALEE, FL 34142 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alan Parker 741A Third Street South Naples, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELIVEAU, DARBY 565 ANCHOR RODE DR NAPLES, FL 33940 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE: 			Carl J. Kuehner		3/7/05 (239) 434-6001 <small>Date Daytime Phone #</small>