

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90124 010 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0748601**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

Michael R. Ramsay

(NOTE: Registered Agent signature required when reinstating)

1-17-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing -
Trust Fund Contribution. ☐

**\$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 **SD** ☐ Delete
NAME **MATTHEWS, JOSEPH**
STREET ADDRESS **706 BREEZEWOOD TERRACE**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **D** ☐ Change ☐ Addition
NAME **Susan Calkins**
STREET ADDRESS **740 High Pines Drive**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **TD** ☐ Delete
NAME **NEWSOME, ROBERT**
STREET ADDRESS **1302 NORTH 15TH STREET**
CITY-ST-ZIP **IMMOKALEE FL 33934**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PADILLA, GLORIA**
STREET ADDRESS **402 N MAIN ST.**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KELLEHER, MAUREEN**
STREET ADDRESS **1402 W. NEW MARKER RD**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE ☐ Change ☐ Addition
NAME **Maureen J. Kelleher**
STREET ADDRESS **1402 W New Marker Rd #B**
CITY-ST-ZIP **Immokalee, FL 34142** **A/A**

TITLE **C** ☐ Delete
NAME **HERNANDEZ, OLGA**
STREET ADDRESS **402 W. MAIN ST**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE ☐ Change ☐ Addition
NAME **Olga Hernandez**
STREET ADDRESS
CITY-ST-ZIP **M/A**

TITLE **D** ☐ Delete
NAME **BELIVEAU, DARBY**
STREET ADDRESS **565 ANCHOR RODE DR**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

01-20-03 239,657,8333

CR2E037 (10/02)