

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756533

FILED
Mar 17, 2006
Secretary of State

Entity Name: TIMBERLINE LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2328 S. CONGRESS AVE., SUITE 1C
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

2328 S. CONGRESS AVE., SUITE 1C
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 59-2142170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEY, DONALD V PA
860 US HIGHWAY ONE
SUITE 108
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MEADE, ALIC E
Address: 3804 COLLINWOOD LANE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD () Delete
Name: GOODWIN, JANIE
Address: 3693 COLLINWOOD LANE
City-St-Zip: W. PALM BEACH, FL 33406

Title: PD () Delete
Name: ALLEN, BETTE
Address: 3832 COLLINWOOD LANE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VD () Delete
Name: CASELLA, LOIS
Address: 3624 TIMBERLINE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: LEWIS, JACK
Address: 3535 TAMARACK DR
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: D () Delete
Name: MARKS, KEVIN
Address: 3732 TIMBERLINE DR
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PEYTON, GERALD
Address: 3576 TIMBERLINE DR
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTE ALLEN

PD

03/17/2006

Electronic Signature of Signing Officer or Director

Date