

2002 UNIFORM BUSINESS REPORT (UBR)

4/2/1

FILED
May 29, 2002 8:00 am
Secretary of State

04-02-2002 90859 004 ****61.25

DOCUMENT # N20350

1. Entity Name

TIMBERLANE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 640-305
 BEVERLY HILLS FL 34465
 US

PO BOX 640-305
 BEVERLY HILLS FL 34465
 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

59-2794275

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

HARMON, BARBARA J
1178 N GREENTREE TERR
LECANTO FL 34461

DEI

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

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

(NOTE: Registered Agent signature required when reinstating)

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	HARMON, BARBARA J	
STREET ADDRESS	1178 N GREENTREE TERR	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, JAMES	
STREET ADDRESS	1574 N LOMBARDO AVE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEONE, ROSE	
STREET ADDRESS	1165 N SLOAN TERR	
CITY-ST-ZIP	LECANTO FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, KEN	
STREET ADDRESS	1390 N LOMBARDO AVENUE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, DAN	
STREET ADDRESS	1228 N GREENTREE TERR	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLANTZ, BRADLEY	
STREET ADDRESS	1734 N Prospect	
CITY-ST-ZIP	LECANTO FLA 3446	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DiBella, Joann	
STREET ADDRESS	1224 N Rabeck Ave	
CITY-ST-ZIP	LECANTO FLA 34461	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DiBella, Joseph	
STREET ADDRESS	1224 N Rabeck Ave	
CITY-ST-ZIP	LECANTO, FLA 34461	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADY, ERMA	
STREET ADDRESS	1082 N Rabeck Ave	
CITY-ST-ZIP	LECANTO FLA 34461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: **Barbara J. Harmon**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

(352) 527-8085

Date

Daytime Phone #