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FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N28943 (1)  
1. Corporation Name  
TIMBERLANE HOMEOWNERS ASSOCIATION OF P.B. COUNTY, INC.



Principal Place of Business Mailing Address  
C/O TOUCHSTONE WEBB MANAGEMENT CO., INC. C/O TOUCHSTONE WEBB MANAGEMENT CO., INC.  
5710 SOUTH DIXIE HIGHWAY, SUITE A 5710 SOUTH DIXIE HIGHWAY, SUITE A  
WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405-3699

3. Date Incorporated or Qualified 10/20/1988  
3a. Date of Last Report 01/26/1996

21. Principal Place of Business 21a. Mailing Address  
G.S. Management Associates, Inc. 3900 WOODLAKE BLVD  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 65-0154808  
Applied For Not Applicable

22. City & State 27. City & State  
3900 Woodlake Blvd # 201 201  
Lake Worth, FL Lake Worth, FL

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

23. Zip 28. Zip  
33463 US 33463 US

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24. 25. 29. 30.  
33463 US 33463 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
SALATA, KATHLEEN WEBB  
5710 SOUTH DIXIE HIGHWAY  
SUITE A  
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent  
81 Name Kline, Charles  
82 Street Address (P.O. Box Number is Not Acceptable) 831 N Dixie Hwy  
83  
84 City Lake Worth FL 85 Zip Code 33460

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 4/29/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MILLER, MARTHA 1402 TIMBERLANE CIRCLE GREENACRES FL 33463	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD CURRY, NANCY 904 TIMBERLANE CIRCLE GREENACRES FL 33463	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Pietruccia, Mary
STREET ADDRESS		2.3 STREET ADDRESS	802 Timberlane Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Greenacres, FL 33463
TITLE	VD WASHART, FRANK 1003 TIMBERLANE CIRCLE GREENACRES FL 33463	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Warrard, Scott
STREET ADDRESS		3.3 STREET ADDRESS	1104 Timberlane Cr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Greenacres, FL 33463
TITLE	TD PASSMAN, SCOTT 1901 TIMBERLANE CIRCLE GREENACRES FL 33463	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KIRK, DENISE 1403 TIMBERLANE CIRCLE GREENACRES FL 33463	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Russ, Aileen
STREET ADDRESS		5.3 STREET ADDRESS	1401 Timberlane Circle
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Green Acres, FL 33463
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_ DAYTIME PHONE #: 0040170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)