


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 3900 WOODLAKE BLVD STE 201 LAKE WORTH FL 33463 US | Mailing Address GRS Management Associates 3900 WOODLAKE BLVD STE 201 LAKEWORTH FL 33463 US |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 10/20/1988 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 65-0154808 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

**KLINE, CHARLES
 831 N DIXIE HWY
 LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 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 PIETRUCCHIA, MARY 802 TIMBERLANE CIRCLE GREENACRES FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | VPD LEARNARD, SCOTT 1101 TIMBERLAKE CR GREENACRES FL | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | ASD SMITH, ROBERT |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 2103 TIMBERLANE CIR |
| 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 checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | TD GRISHAM, BOB |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 2104 TIMBERLANE CIRCLE |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | GREENACRES FL 33463 |
| TITLE | D RUFF, ALICIA 1401 TIMBERLANE CIRCLE GREENACRES FL | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | VPD |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 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 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: *Marta Miller* DATE: *4/14/98* 561-641-8554

CR2E037 (10/97)