

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28943

1. Entity Name

TIMBERLANE HOMEOWNERS ASSOCIATION OF P.B. COUNTY

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90071 036 ****61.25

Principal Place of Business 3900 WOODLAKE BLVD STE 201 LAKE WORTH FL 33463 US	Mailing Address G.R.S. MANAGEMENT ASSOCIATES. INC. 3900 WOODLAKE BLVD. STE 201 LAKEWORTH FL 33463-3045 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0154808		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent KLINE CHARLES 831 N DIXIE HWY LAKE WORTH FL 33460				7. Name and Address of New Registered Agent Name <u>Don Hilley (V. Donald Hilley)</u> ¹²⁴ Street Address (P.O. Box Number is Not Acceptable) <u>11389 Prosperity Farms Road Suite 300</u> City <u>Palm Beach Gardens</u> FL Zip Code <u>33410</u>			
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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 Martha Miller Pres Timberlane HOA 3/17/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MARTHA 1402 TIMBERLANE CIRCLE GREENACRES FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIETRUCIA, MARY 802 TIMBERLANE CIRCLE GREENACRES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SMITH, ROBERT 2103 TIMBERLANE CIR GREENACRES FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Assistant Secretary GARGANO, ELIZABETH 1503 Timberlane Circle GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRISHAM, BOB 2104 TIMBERLANE CIRCLE GREENACRES FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director TEICHMAN, DONALD 1403 Timberlane Circle GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUFF, ALICIA 1401 TIMBERLANE CIRCLE GREENACRES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Martha Miller MARTHA MILLER 3/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)