

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

0054434

DOCUMENT # N28943

1. Entity Name

TIMBERLANE HOMEOWNERS ASSOCIATION OF P.B. COUNTY

03-22-2001 90010 031 ****61.25

Principal Place of Business

Mailing Address

3900 WOODLAKE BLVD
 STE 201
 LAKE WORTH FL 33463
 US

G.R.S. MANAGEMENT ASSOCIATES. INC.
 3900 WOODLAKE BLVD. STE 201
 LAKEWORTH FL 33463
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0154808

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLEY, DON
11382 PROSPERITY FARMS ROAD
SUITE 124
WEST PALM BEACH FL 33410

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD MILLER, MARTHA	1402 TIMBERLANE CIRCLE	GREENACRES FL 33463				
	SD PIETRUCCIA, MARY	802 TIMBERLANE CIRCLE	GREENACRES FL 33463				
	AS GARGANO, ELIZABETH	1503 TIMBERLANE CIRCLE	GREENACRES FL 33463				
	TD TEICHMAN, DONALD	1403 TIMBERLANE CIRCLE	GREENACRES FL 33463				
	VPD RUFF, ALICIA	1401 TIMBERLANE CIRCLE	GREENACRES FL 33463				
					ASD Schaeffer, Fred.	504 Timberlane Circle	Greenacres, FL 33463

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: ALI *SIGNATURE* **ROFF FRED** *3-18-01*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)