

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90071 020 ****61.25

0037288

DOCUMENT # N28943

1. Entity Name

TIMBERLANE HOMEOWNERS ASSOCIATION OF P.B. COUNTY INC.

Principal Place of Business

Mailing Address

3900 WOODLAKE BLVD
 STE 201
 LAKE WORTH FL 33463

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

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

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: ~~PD~~ Delete
 NAME: MILLER, MARTHA
 STREET ADDRESS: 1402 TIMBERLANE CIRCLE
 CITY-ST-ZIP: GREENACRES FL 33463

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ~~SD~~ Delete
 NAME: PIETRUCIA, MARY
 STREET ADDRESS: 802 TIMBERLANE CIRCLE
 CITY-ST-ZIP: GREENACRES FL 33463

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ~~AS~~ Delete
 NAME: GARGANO, ELIZABETH
 STREET ADDRESS: 1503 TIMBERLANE CIRCLE
 CITY-ST-ZIP: GREENACRES FL 33463

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ~~D~~ Delete
 NAME: TEICHMAN, DONALD
 STREET ADDRESS: 1403 TIMBERLANE CIRCLE
 CITY-ST-ZIP: GREENACRES FL 33463

TITLE: Change Addition
 NAME: *Tres. D Teichman, Donald*
 STREET ADDRESS: *1403 Timberlane Circle*
 CITY-ST-ZIP: *Greenacres FL 33463*

TITLE: ~~VPD~~ Delete
 NAME: RUFF, ALICIA
 STREET ADDRESS: 1401 TIMBERLANE CIRCLE
 CITY-ST-ZIP: GREENACRES FL 33463

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ~~ASD~~ Delete
 NAME: SCHAEFFER, FRED
 STREET ADDRESS: 504 TIMBERLANE CIRCLE
 CITY-ST-ZIP: GREENACRES FL 33463

TITLE: Change Addition
 NAME: *SD Schaeffer Fred*
 STREET ADDRESS: *504 Timberlane Circle*
 CITY-ST-ZIP: *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: *ALICIA M RUFF* *Alida M Ruff* 3-2-02

CR2E037 (9/01)