


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90048 045 ****61.25

DOCUMENT # N28943

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

50005906



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0154808

Applied For
 Not Applicable

City & State

Zip Country

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, V. D
 C/O HILLEY & WYANT-CORTEZ, P.A.
 860 US HIGHWAY ONE, STE. 108
 NORTH PALM BEACH, FL 33408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

Make check payable to Florida 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 **TD** Delete
 NAME **TEICHMAN, DONALD**
 STREET ADDRESS **1403 TIMBERLANE CIRCLE**
 CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **SD** Delete
 NAME **SCHLESSE, MERLE**
 STREET ADDRESS **804 TIMBERLINE CIR**
 CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ASD** Delete
 NAME **CONOVER, SHERLY**
 STREET ADDRESS **2004 TIMBERLANE CIR**
 CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Martita Miller, Pres Date: 1/19/05 Daytime Phone #: 561-650-7376

MARTITA MILLER

ATTACHMENT

TIMBERLANE - DOCUMENT NUMBER N28943

50005906
#N28943

D
CHANGE CONOVER, SHERRY
2004 TIMBERLANE CIRCLE
GREENACRES, FL 33463