

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90073 024 ****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	
2. Principal Place of Business - No P.O. Box # G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463		3. Mailing Address G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463	
City & State		City & State	
Zip	Country	Zip	Country
		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. Name and Address of Current Registered Agent HILLEY, V. D C/O HILLEY & WYANT-CORTEZ, P.A. 860 US HIGHWAY ONE, STE. 108 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MILLER, MARTHA 1402 TIMBERLANE CIRCLE GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>See attachment!</i>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD TEICHMAN, DONALD 1403 TIMBERLANE CIRCLE GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD RUFF, ALICIA 1401 TIMBERLANE CIRCLE GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD SCHLESSE, MERLE 804 TIMBERLINE CIR GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CONOVER, SHERLY 2004 TIMBERLANE CIR GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40038000



01042007 Chg-NP CR2E037 (12/06)

ATTACHMENT 40038003

~~# N28943~~

ATTACHMENT TO 2007 NOT-FOR-PROFIT ANNUAL REPORT

Document # N23279

Association: Timberlane Homeowners Association of PB County Inc.

ADD - VPD

HIBBITS, SUSAN

1401 TIMBERLANE CIR

GREENACRES, FL 33463

PLEASE CORRECT NAME SPELLING:

- TEICHMANN, DONALD
- SCHLESSEL, MERLE
- CONOVER, SHERRI