

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28943

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** TIMBERLANE HOMEOWNERS ASSOCIATION OF P.B. COUNTY, INC.

**Current Principal Place of Business:**

3900 WOODLAKE BLVD  
STE 309  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

3900 WOODLAKE BLVD  
STE 309  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

**FEI Number:** 65-0154808      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIEGFRIED, RIVERA, LEARNER, ET.AL  
201ALHAMBRA CIRCLE  
1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ASTA, TOM  
Address: 1402 TIMBERLANE CIRCLE  
City-St-Zip: GREENACRES, FL 33463

Title: PD  
Name: SUAREZ, GUS  
Address: 1903 TIMBERLANE CIRCLE  
City-St-Zip: GREENACRES, FL 33463

Title: VPD  
Name: SCHLESSEL, MERLE  
Address: 804 TIMBERLINE CIR  
City-St-Zip: GREENACRES, FL 33463

Title: TREA  
Name: MORALES, OLGA  
Address: 604 TIMBERLANE CIRCLE  
City-St-Zip: GREENACRES, FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GUS SUAREZ

PRES

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date