

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756533

1. Entity Name

TIMBERLINE LAKES HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90071 008 ****61.25

Principal Place of Business

3738 TIMBERLINE DRIVE
WEST PALM BEACH FL 33406

Mailing Address

3738 TIMBERLINE DRIVE
WEST PALM BEACH FL 33406-4141

2. Principal Place of Business

3666 TIMBERLINE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W PALM BEACH, FL

City & State

4. FEI Number

59-2142170

Applied For

Not Applicable

Zip

Country

33406

USA

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

HARPER, MAX C
3666 TIMBERLINE DRIVE
W. PALM BEACH FL 33406

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOODWIN, JANIE	
STREET ADDRESS	3693 COLLINWOOD LN	
CITY-ST-ZIP	W. PALM BEACH FL 33406	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WAGHELSTEIN, LEONARD	
STREET ADDRESS	3657 COLLINGSWOOD LANE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	D'ANTONIO, KATHLEEN L	
STREET ADDRESS	3729 COLLINWOOD LANE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WORKMAN, CAROLYN	
STREET ADDRESS	3708 TIMBERLINE DR	
CITY-ST-ZIP	W. PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARPER, MAX C.	
STREET ADDRESS	3666 TIMBERLINE DR	
CITY-ST-ZIP	W PALM BEACH, FL 33406	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGHELSTEIN, LEONARD	
STREET ADDRESS	3717 COLLINWOOD LN	
CITY-ST-ZIP	W PALM BEACH, FL 33406	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, MARY ANN	
STREET ADDRESS	3726 TIMBERLINE DR	
CITY-ST-ZIP	W PALM BEACH, FL 33406	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRIE, ANNE KARI	
STREET ADDRESS	3812 COLLINWOOD LN	
CITY-ST-ZIP	W PALM BEACH, FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)