

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90475 035 \*\*\*\*61.25

DOCUMENT # 756533

1. Entity Name

TIMBERLINE LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3666 TIMBERLINE DRIVE  
WEST PALM BEACH FL 33406

Mailing Address

3666 TIMBERLINE DRIVE  
WEST PALM BEACH FL 33406

2. Principal Place of Business

TAC  
Suite, Apt. #, etc.  
6346-65 Lantana Rd #11-D

3. Mailing Address

TAC Management  
Suite, Apt. #, etc.  
6346-65 Lantana Rd #11-D

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

59-2142170

Applied For

Not Applicable

Zip

33463

Country

Palm Beach

Zip

33463

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
Thomas A. Crispin LCAM  
Street Address (P.O. Box Number is Not Acceptable)  
TAC Property Management, Inc.  
6346-65 Lantana Road, Suite 11-D  
City  
Lake Worth, FL Zip Code  
33463

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

Thomas A. Crispin LCAM

2/13/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Allen, Bette 3832 Collinwood Ln West Palm Beach, FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hoover, Noel 3816 Collinwood Ln West Palm Beach, FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bette J. Allen (BETTE J. ALLEN) Pres 561 963-9898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-15-01 Daytime Phone #

CR2E037 (10/00)