


2003 **NOT-FOR-PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90462 005 ****61.25

DOCUMENT # 756533
1. Entity Name
Timberline Lakes Homeowners Association, Inc. 

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2328 S. Congress Ave Suite, Apt. #, etc. Suite 1C City & State West Palm Beach, FL Zip 33406 Country USA	3. Mailing Address 2328 S. Congress Ave Suite, Apt. #, etc. Suite 1C City & State West Palm Beach, FL Zip 33406 Country USA
---	---

90051896

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2142170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name: Caplan, Louis	
Street Address (P.O. Box Number is Not Acceptable): C/O Sachs, Sax & Klein PA	
301 Yamato Road, Ste 4150	
City: Boca Raton	State: FL Zip Code: 33431

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

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to
Florida Department of State

OFFICERS AND DIRECTORS	
TITLE	ND
NAME	Meade, Alice
STREET ADDRESS	3801 Collinwood Lane
CITY- ST- ZIP	West Palm Beach, FL 33406
TITLE	TD
NAME	Torrie, Anne K
STREET ADDRESS	3812 Collinwood Lane
CITY- ST- ZIP	West Palm Beach, FL 33406
TITLE	PD
NAME	Allen, Bette
STREET ADDRESS	3832 Collinwood Lane
CITY- ST- ZIP	West Palm Beach, FL 33406
TITLE	SD
NAME	Casella, Lois
STREET ADDRESS	3624 Timberline Drive
CITY- ST- ZIP	West Palm Beach, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bette & Allen

CR2E037B (12/02)