

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756533

**Entity Name:** TIMBERLINE LAKES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O GRS MGMT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH , FL 33463

**Current Mailing Address:**

C/O GRS MGMT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH , FL 33463 US

**FEI Number:** 59-2142170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WYANT-CORTEZ & CORTEZ , PA  
840 US HIGHWAY ONE  
SUITE 345  
NORTH PALM BEACH, FL 33408 US

*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:** CLAIRE WYANT- CORTEZ

01/17/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CALLISSA, MILLS  
Address        C/O GRS MGMT ASSOCIATES INC  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            VP  
Name            WIERZBICKI, PAUL  
Address        C/O GRS MGMT ASSOCIATES INC  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            DIRECTOR  
Name            QUEZADA, VANESSA  
Address        C/O GRS MANAGEMENT ASSOCIATES  
                  INC  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            DIRECTOR  
Name            HINO, MIKE  
Address        C/O GRS MGMT ASSOCIATES INC  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            TREASURER  
Name            BEARZOTTI, RON  
Address        C/O GRS MGMT ASSOCIATES INC  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            DIRECTOR  
Name            COPOBIANCO, JOAN  
Address        C/O GRS MGMT ASSOCIATES INC  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH 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:** CALLISSA MILLS

PRESIDENT

01/17/2019

Electronic Signature of Signing Officer/Director Detail

Date