

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N28943

**FILED
Sep 25, 2019
Secretary of State
9757497239CC**

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

Current Principal Place of Business:

C/O PROPERTY MANAGEMENT RESOURCES
4000 S 57TH STREET SUITE 101
LAKEWORTH, FL 33463

Current Mailing Address:

C/O PROPERTY MANAGEMENT RESOURCES
4000 S 57TH STREET SUITE 101
LAKE WORTH, FL 33463 US

FEI Number: 65-0154808

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BACKER ABOUD POLIAKOFF & FOELSTER
400 S DIXIE HIGHWAY STE 420
BOCA RATON, FL 33432 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: KEITH BACKER

09/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ASTA, THOMAS
Address C/O PMR
 4000 S 57TH STREET STE 101
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name MICOLO, JAMES
Address C/O PMR
 4000 S 57TH STREET SUITE 101
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY
Name GELERTER, RONALD
Address C/O PMR
 4000 S 57TH STREET SUITE 101
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name GARGANO, PAUL
Address C/O PMR
 4000 S 57TH STREET SUITE 101
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name WERLE, GARY
Address C/O PMR
 4000 S 57TH STREET SUITE 101
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: THOMAS ASTA

PRESIDENT

09/25/2019

Electronic Signature of Signing Officer/Director Detail

Date