

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N28943

**FILED  
Mar 22, 2018  
Secretary of State  
CC1132159340**

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

**Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD SUITE 309  
GREENACRES, FL 33463

**Current Mailing Address:**

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

**FEI Number: 65-0154808**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAKALAR AND ASSOCIATES, P.A.  
150 S PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324 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: MICHAEL BAKALAR**

**03/22/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ASTA, THOMAS  
Address        C/O GRS MANAGEMENT ASSOCIATES, INC.  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: GREENACRES FL 33463

Title            VP  
Name            MICOLO, JAMES  
Address        C/O GRS MANAGEMENT ASSOCIATES, INC.  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: GREENACRES FL 33463

Title            SECRETARY  
Name            GELERTER, RONALD  
Address        C/O GRS MANAGEMENT ASSOCIATES, INC.  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: GREENACRES FL 33463

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

Title            DIRECTOR  
Name            WERLE, GARY  
Address        C/O GRS MANAGEMENT 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: THOMAS ASTA**

**PRESIDENT**

**03/22/2018**

