

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28943

**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**7750454373CC**

**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**

**03/17/2020**

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**

**03/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date