

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N28943

**FILED  
Jan 15, 2018  
Secretary of State  
CR5243147644**

**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**

**01/15/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title           PRESIDENT  
Name           SUAREZ, WALLY  
Address        C/O GRS MANAGEMENT ASSOCIATES, INC.  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: GREENACRES 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: WALLY SUAREZ**

**PRESIDENT**

**01/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date