

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90304 001 ****61.25

DOCUMENT # 743336

1. Entity Name

TIMBERCREEK TOWNHOMES & VILLAS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

% WELLINGTON MANAGEMENT, INC.
12785-C FOREST HILL BLVD.
WELLINGTON FL 33414

Mailing Address

% WELLINGTON MANAGEMENT, INC.
12785-C FOREST HILL BLVD.
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2237570**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SANTAMARIA, CHRISTOPHER
505 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAFLEUR, PAUL	
STREET ADDRESS	100 SPARROW DR. #15	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	DYSON, KRISTA	
STREET ADDRESS	100 SPARROW DR. #11	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANTAMARIA, JESS	
STREET ADDRESS	155 GALIANO STREET	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTAMARIA, VICTORIA	
STREET ADDRESS	155 GALIANO ST.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANTAMARIA, CHRISTOPHER	
STREET ADDRESS	500 ROYAL PALM BEACH BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stoll, Kim	
STREET ADDRESS	100 Sparrow Drive #15	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

1/23/03

(561) 793-2351

CR2E037 (10/02)