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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(6)

TIMBERLINE LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 3738 TIMBERLINE ORIVE WEST PALM REACH EL 33406 Mailing Address

3738 TIMBERLINE DRIVE WEST PALM BEACH FL 33406-4141

FILED Apr 23 1997 8:00am Secretary of State



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								02/2	proprated or Qualified 26/1981	3a. Date	of Last F 2/19/19	Report 196
2. Principal Place of Business			2a. Mailing Address					4. FEI Numb 59-2	per 142170			pplied For
21			26					38-2	.142170			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificati	5. Certificate of Status Desired S8.75 Additional Fee Required			
City & Stat	te			City & State				6. Election (Campaign Financing		\$5.00	May Be
23			28					Trust Fun	d Contribution			to Fees
Zip		· Country	Z	/ip		Country	у	8. This corp	oration has liability for	intangible ta	x under	s. 199.032,
24		25	29		30	<u>) </u>		Florida Si		Yes 🗌		
	9. Name	and Address of Current	Registe	red Agent			1	10. Name an	d Address of New Re	gistered Ag	ent	
						81	Name					
HARPER, MAX C						82	82 Street Address (P.O. Box Number is Not Acceptable)					
3666 TIN			83	ļ								
W. PALM	M BEACH F	L 33400					<u> </u>					
						84	City			FL	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 617.0502	and 617	.1508, Florid	a Statutes.	the abov	re-named o	corporation submits	this statement for the		hanging	its registered
office or i	registered aç əm familiar w	ions of Sections 617.0502 jent, or both, in the State of th, and accept the obligat	of Florida tions of, S	Such chang Section 617.0	e was auti 1503. Floric	horized b la Statute	y the corp	oration's board of d	rectors. I hereby acce	pt the appoir	ntment as	s registered
SIGNATURE												
12.	Stgnature, typed	or printed name of registered agen OFFICERS AND			(NOTE: H	13.	ent signature i	required when reinstating)	S/CHANGES TO OFFIC	DATE CERS AND D	DIRECTO	RS IN 12
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		MAYC		☐ DE	.ETE	1.1 TITLE				L	_ Change	L Addition
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information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or 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 12 or Block 13 if changed, or on an attachment with an address.