

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **756533**

1. Entity Name

TIMBERLINE LAKES HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90071 008 ****61.25

Principal Place of Business

3738 TIMBERLINE DRIVE
 WEST PALM BEACH FL 33406

Mailing Address

3738 TIMBERLINE DRIVE
 WEST PALM BEACH FL 33406-4141

2. Principal Place of Business

3666 TIMBERLINE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

W PALM BEACH, FL

City & State

4. FEI Number

59-2142170

Applied For

Not Applicable

Zip

33406

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARPER, MAX C
 3666 TIMBERLINE DRIVE
 W. PALM BEACH FL 33406

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.

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 Department of State

10. OFFICERS AND DIRECTORS

- TITLE Delete
 NAME TD
 STREET ADDRESS GOODWIN, JANIE
 CITY-ST-ZIP 3693 COLLINWOOD LN
 W. PALM BEACH FL 33406
- TITLE Delete
 NAME VD
 STREET ADDRESS WAGHELSTEIN, LEONARD
 CITY-ST-ZIP 3657 COLLINGSWOOD LANE
 W. PALM BEACH FL
- TITLE Delete
 NAME PD
 STREET ADDRESS D'ANTONIO, KATHLEEN L
 CITY-ST-ZIP 3729 COLLINWOOD LANE
 W. PALM BEACH FL
- TITLE Delete
 NAME SD
 STREET ADDRESS WORKMAN, CAROLYN
 CITY-ST-ZIP 3708 TIMBERLINE DR
 W. PALM BEACH FL 33406
- TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
- TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

- TITLE Change Addition
 NAME TD
 STREET ADDRESS HARPER, MAX C.
 CITY-ST-ZIP 3666 TIMBERLINE DR
 W PALM BEACH, FL 33406
- TITLE Change Addition
 NAME PD
 STREET ADDRESS WAGHELSTEIN, LEONARD
 CITY-ST-ZIP 3717 COLLINWOOD LN
 W PALM BEACH, FL 33406
- TITLE Change Addition
 NAME VD
 STREET ADDRESS MOORE, MARY ANN
 CITY-ST-ZIP 3726 TIMBERLINE DR
 W PALM BEACH, FL 33406
- TITLE Change Addition
 NAME SD
 STREET ADDRESS TORRIE, ANNE KARI
 CITY-ST-ZIP 3812 COLLINWOOD LN
 W PALM BEACH, FL 33406
- TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
- TITLE Change 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: MAX C. HARPER 2/15/2000 (561)641-3559
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)