

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756533

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: TIMBERLINE LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2328 S. CONGRESS AVE., SUITE 1C  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

2328 S. CONGRESS AVE., SUITE 1C  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

FEI Number: 59-2142170      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILLEY, DONALD V PA  
860 US HIGHWAY ONE  
SUITE 108  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: MEADE, ALIC E  
Address: 3804 COLLINWOOD LANE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD ( ) Delete  
Name: GOODWIN, JANIE  
Address: 3693 COLLINWOOD LANE  
City-St-Zip: W. PALM BEACH, FL 33406

Title: PD ( ) Delete  
Name: ALLEN, BETTE  
Address: 3832 COLLINWOOD LANE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VD ( ) Delete  
Name: CASELLA, LOIS  
Address: 3624 TIMBERLINE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete  
Name: LEWIS, JACK  
Address: 3535 TAMARACK DR  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: D ( ) Delete  
Name: MARKS, KEVIN  
Address: 3732 TIMBERLINE DR  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BETTE ALLEN

PD

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date