


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90033 006 \*\*\*\*61.25

**DOCUMENT # 756533**

1. Entity Name  
**TIMBERLINE LAKES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2328 S. CONGRESS AVE., SUITE 1C  
 WEST PALM BEACH, FL 33406 US**

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



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01232008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-2142170**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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	TD	<input type="checkbox"/> Delete
NAME	MEADE, ALIC E	
STREET ADDRESS	3804 COLLINWOOD LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOODWIN, JANIE	
STREET ADDRESS	3693 COLLINWOOD LANE	
CITY-ST-ZIP	W. PALM BEACH, FL 33406	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLEN, BETTE	
STREET ADDRESS	3832 COLLINWOOD LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CASELLA, LOIS	
STREET ADDRESS	3624 TIMBERLINE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, JACK	
STREET ADDRESS	3535 TAMARACK DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEYTON, GERALD	
STREET ADDRESS	3576 TIMBERLINE DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Bearzotti	
STREET ADDRESS	3511 Tamarack Trail	
CITY-ST-ZIP	West Palm Beach FL 33406	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Wierzbicki	
STREET ADDRESS	3705 Collinwood Lane	
CITY-ST-ZIP	West Palm Beach FL 33406	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Callisa milks	
STREET ADDRESS	3711 Collinwood Lane	
CITY-ST-ZIP	West Palm Beach FL 33406	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mike Hino	
STREET ADDRESS	3675 collinwood lane	
CITY-ST-ZIP	West Palm Beach FL 33406	
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 exemptions contained in Chapter 119, 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:** *Bette J. Allen* **BETTE J. ALLEN** 2/2/08 561-439-5076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #