

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001905

FILED
Mar 07, 2008
Secretary of State

Entity Name: THE APARTMENTS AT TIMBERLAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1501 CRESCENT CIRCLE-OFFICE
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

1501 CRESCENT CIRCLE-OFFICE
LAKE PARK, FL 33403

New Mailing Address:

6701 MALLARDS COVE RD-BLD47
JUPITER, FL 33458

FEI Number: 20-0772247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APARTMENTS AT TIMBERLAKE, LLC
1501 CRESCENT CIRCLE OFFICE
LAKE PARK, FL 33403 US

Name and Address of New Registered Agent:

APARTMENTS AT TIMBERLAKE, LLC
6701 MALLARDS COVE RD-BLD47
JUPITER, FL 33458 US

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: ROBERT LITTMAN

03/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LITTMAN, ROBERT
Address: 3600 CARLTON PLACE
City-St-Zip: BOCA RATON, FL 33496

Title: VD () Delete
Name: CARLIN, ROBERT
Address: 1501 CRESCENT CIRCLE
City-St-Zip: LAKE PARK, FL 33403

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LITTMAN, ROBERT
Address: 6701 MALLARD COVE RD-BLD 47
City-St-Zip: JUPITER, FL 33458

Title: VD (X) Change () Addition
Name: CARLIN, ROBERT
Address: 6701 MALLARDS COVE ROAD-CLUBHOUSE
City-St-Zip: JUPITER, FL 33458

Title: SEC () Change (X) Addition
Name: MURRAY, MAUREEN
Address: 6701 MALLARDS COVE RD-BLD 47
City-St-Zip: JUPITER, FL 33458

Title: VD () Change (X) Addition
Name: BEARD, BRANDEN
Address: 1505 CRESCENT CIRCLE-A20
City-St-Zip: LAKE PARK, FL 33403

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT LITTMAN

PD

03/07/2008

Electronic Signature of Signing Officer or Director

Date