

N28943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

MAY 26 REC'D

SUBJECT: TIMBERLANE HOMEOWNERS ASSOCIATION OF P.B. COUNTY, INC
Name of Corporation

DOCUMENT NUMBER: N28943

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL E. CHAPNICK, ESQ
Name of Contact Person

CHAPNICK COMMUNITY ASSOCIATION LAW
Firm/Company

100 E. LINTON BLVD. SUITE 502-B
Address

DELRAY BEACH FL 33483
City/State and Zip Code

MAY 26 REC'D

MCHAPNICK@CCALPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL E. CHAPNICK at (561) 330-3096
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TIMBERLAND Homeowners Association of P.B. County, INC.
2. The principal office address: 3900 WOODLAKE BLVD
STE 309, LAKE WORTH, FL 33463
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10-20-1988 Document number: N 28943
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SIEGFRIED, RIVERA, LEARNER, ET AL

201 ALHAMBRA CIRCLE, 1102

CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHARNICK Community Association LAW, P.A.

100 EAST LINTON BLVD, SUITE 502-B

P.O. Box NOT acceptable

DELRAY BEACH, FL 33483

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Thomas Asta, Pres.
Signature of an officer or director

THOMAS ASTA PRES
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

6/21/10
Date

If signing on behalf of an entity:

Michael Charnick
Typed or Printed Name

*** FILING FEE: \$35.00 ***