N28943

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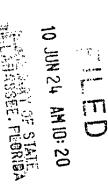
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COVER LETTER

MAY 2.6 RECT Amendment Section Division of Corporations SUBJECT: TIMBERLANE HOMEOWNERS ASSOCIATION OF P.B. COUNTY, IN C. Name of Corporation 1528943 DOCUMENT NUMBER: 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. CHAPNICK Community ASSOCIATION LAW 100 E. LINTON BLUD SUITE 502-B DEIRAY Beach 7L 33483
City/State and Zip Code MAY 2.6 RECTO E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael E CHAPNICIC 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

TO:

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: TIMBERLANG Homeowners Association of P.B. County, INC
2. The principal office address: 3900 WOODLAKE BLUD
51E 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): CHAPNICK Community Association Law A.A.
100 EAST LINTON BLUD SUITE 502-13 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.
Monay Osta Pres TIFOMAS ASTA PRES Signature dean officer or director 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 of Registered Agent U/21/10 Date
If signing on behalf of an entity:
Michael Chalnick Typed or Printed Name

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