

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756533

Entity Name: TIMBERLINE LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O GRS MGMT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463

Current Mailing Address:

C/O GRS MGMT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463 US

FEI Number: 59-2142170

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WYANT-CORTEZ & CORTEZ , PA
840 US HIGHWAY ONE
SUITE 345
NORTH PALM BEACH, FL 33408 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: CLAIRE WYANT- CORTEZ

03/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CALISSA, MILLS
Address C/O GRS MGMT ASSOCIATES INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY
Name EVANS, GEORGE
Address C/O GRS MGMT ASSOCIATES INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name WIERZBICKI, PAUL
Address C/O GRS MGMT ASSOCIATES INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name QUEZADA, VANESSA
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

I hereby 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 all other like empowered.

SIGNATURE: CALISSA, MILLS

PRESIDENT

03/18/2024

Electronic Signature of Signing Officer/Director Detail

Date