2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 02, 2005 8:00 am Secretary of State 06-02-2005 90003 038 ****61.25

DOCUMENT # 763642 1. Entity Name PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.					06-02	-2005 9000)3 ()38 ****(51.25		
Principal Place 6872 TIMBER SPRING HILL,	R PINES BLVD.	Mailing Address 6872 TIMBER PINES BLV SPRING HILL, FL 34606			,				_	
2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05172005 Ch	ng-NP	CR2E037 (1	0/03)		
City & State	•	City & State			4. FEI Number 59-220902	3		Applied Fo		
Zip	Country	Zip	Count	try	5. Certificate of Sta	atus Desired		75 Additional Required		
	6. Name and Address of Current F	tegistered Agent			-7Namo and Add:	ross of New Ro	egistered Agen		<u></u>	
DUNCAN, SUE					NKIE DR					
6872 TIMBER PINES BOULEVARD SPRING HILL, FL 34606				Street Address (P.O. Box Number is Not Acceptable)						
	122,12 01000		Γ	(SAME					
				City			FL Z	ip Code	-	
8. The above	named entity submits this statement for	the purpose of changing its req	gistered	office or register	ed agent, or both, in t	the State of Flo	7	ar with, and acc	cept	
the obligations of registered agent.										
SIGNATURE TRANSPORT S/17/05										
		<u> </u>								
	Signature, typed or printed name of registered agent a	nd title il applicable. (NOTE: Ri	Registered A	Agent signature required	i when reinstating)		DATE		•	
	Filling Fee is \$61.25 ie by September 7, 2005	9. Election Campa Trust Fund Con	aign Fina	ancing	\$5.00 May Be Added to Fees		DATE ake check pay da Departmen		· 	
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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: Charlotte Le GER CHARLOTTE LEGER		5/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SECTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SECTION	Date	Daytime Phone

ATTACHMENT

ADDITION

763642

Title:

Director

Name:

Emily Schultz

Street Address:

6365 Nature Preserve Way

City, State, Zip:

Spring Hill, FL 34606