

FILED**Apr 07, 2008 8:00 am**
Secretary of State

04-07-2008 90024 012 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # 763642**1. Entity Name
**PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION,
INC.**Principal Place of Business
**6872 TIMBER PINES BLVD.
SPRING HILL, FL 34606**Mailing Address
**6872 TIMBER PINES BLVD.
SPRING HILL, FL 34606****40059839**

01252008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2209023 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****DROOGER, FRANKIE
6872 TIMBER PINES BOULEVARD
SPRING HILL, FL 34606****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make check payable to
Florida Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BODWELL, MARIAN 2106 FORESTER WAY SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LEVY, MARY ELLEN 6357 NATURE PRESERVE LANE SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HABEDDAN, LOIS 6355 PINESTAND CT. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete GARY, ELLIOTT 6482 NATURE PRESERVE LN SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ZIEMKE, HARLIE 2192 FORESTER WAY SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COOPE, JAMES 6375 PINESTAND CT. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete DUNLAP, JAMES 6456 NATURE PRESERVE LANE SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BERGER, ALAN 2143 SEA PINES COURT SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN BERGER

1/31/08

Date

352-446-2335

Daytime Phone #

ATTACHMENT

40059839

#763642

ADDITION:

D

Decker, Martha

2223 Forester Way

Spring Hill, FL 34606