

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000006838

1. Entity Name
**THE PINES OF MONTVERDE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**P.O. BOX 560073
MONTVERDE, FL 34756**

Mailing Address
**P.O. BOX 560073
MONTVERDE, FL 34756**



05012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3637730 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIPHAM, DONALD W
16533 PINE TIMBER AVE
MONTVERDE, FL 34756**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LIPHAM, DONALD
16533 PINE TIMBER AVE
MONTVERDE, FL 34756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
HOEKSTRA, HELEN
16509 PINE TIMBER AVE
MONTVERDE, FL 34756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PARKS, IVY
17739 SUGAR PINE WAY
MONTVERDE, FL 34756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000561747
05/19/06-80028-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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

HELEN HOEKSTRA 5-1-06 407-469-1277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #