

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey A. Murrain
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:06

DOCUMENT # **N33967** (3)
1. Corporate Name
CASTLE PINES VILLAGE HOMEOWNERS ASSOCIATION, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **C/O GILBERT S WEBER
6872 TIMBER PINES BLVD
SPRING HILL FL 34606**
Mailing Address: **C/O GILBERT S WEBER
6872 TIMBER PINES BLVD
SPRING HILL FL 34606**

3. Date Incorporated or Qualified: **08/28/1989**
3a. Date of Last Report: **05/01/1994**

4. FIC Number: **59-2950759**
Applied For:
Not Applicable:

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

21. State: **FL**
26. State: **FL**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

22. City & State: **27**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

23. City: **28**

8. This corporation has liability for intangible tax under § 199.02 Florida Statutes: Yes No

24. City: **25**
25. County: **29**
26. City: **30**

9. Name and Address of Current Registered Agent
**WEBER, GILBERT S
6872 TIMBER PINES BLVD
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____
FL B5 Zip Code: _____

11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of liability set forth in section 199.02(1), Florida Statutes. I further certify that this information is true and correct as of the date of this annual report or supplemental annual report and that my signature shall have the same legal effect as if made under oath. This filing is subject to the provisions of the corporation laws of the State of Florida and the provisions of the corporation laws of the State of Florida, and that my name appears on Block 12 of this filing as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this filing as required by an attachment with an address.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS
NAME: VD JENKS, JACK ADDRESS: 6872 TIMBER PINES BLVD SPRING HILL FL	TITLE: President CHANGE: <input type="checkbox"/> ADDITION: <input checked="" type="checkbox"/>
NAME: D DERGIN, JAMES ADDRESS: 6872 TIMBER PINES BLVD SPRING HILL FL	TITLE: DIR/VP CHANGE: <input checked="" type="checkbox"/> ADDITION: <input type="checkbox"/>
NAME: DP SCHNEIDER, JOHN ADDRESS: 6872 TIMBER PINES BLVD SPRING HILL FL	TITLE: Dir/Sec. Hendee Roberts Boulevard 6872 Timber Pines Boulevard Spring Hill FL 34606 CHANGE: <input checked="" type="checkbox"/> ADDITION: <input checked="" type="checkbox"/>
NAME: TD WEBER, GILBERT S ADDRESS: 6872 TIMBER PINES BLVD SPRING HILL FL	TITLE: Dir. Farell Thomas 6872 Timber Pines Boulevard Spring Hill FL 34606 CHANGE: <input type="checkbox"/> ADDITION: <input checked="" type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of liability set forth in section 199.02(1), Florida Statutes. I further certify that this information is true and correct as of the date of this annual report or supplemental annual report and that my signature shall have the same legal effect as if made under oath. This filing is subject to the provisions of the corporation laws of the State of Florida and the provisions of the corporation laws of the State of Florida, and that my name appears on Block 12 of this filing as required by an attachment with an address.

SIGNATURE: *Gilbert S Weber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 904-683-8447