


FILE NOW: FILING FEE IS \$61.25

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**Apr 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33967 (3)
1. Corporation Name
CASTLE PINES VILLAGE HOMEOWNERS ASSOCIATION, INC



Principal Place of Business C/O GILBERT S WEBER 6872 TIMBER PINES BLVD SPRING HILL FL 34806	Mailing Address C/O GILBERT S WEBER 6872 TIMBER PINES BLVD SPRING HILL FL 34806
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3. Date Incorporated or Qualified
08/28/1989

4. FEI Number 59-2950759	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**KURTZ, SUSAN R.
6872 TIMBER PINES BLVD
SPRING HILL FL 34806**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DERGIN, JAMES		1.2 NAME <i>Schneider, J.</i>	
STREET ADDRESS 6872 TIMBER PINES BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		1.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURNS, MARY JEAN		2.2 NAME	
STREET ADDRESS 6872 TIMBER PINES BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		2.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNEIDER, JOHN		3.2 NAME	
STREET ADDRESS 6872 TIMBER PINES BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE <i>Treasurer</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PELLEGATTA, H. L.		4.2 NAME <i>H. L. Pellegatta</i>	
STREET ADDRESS 6872 TIMBER PINES BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FARRELL, THOMAS		5.2 NAME	
STREET ADDRESS 6872 TIMBER PINES BOULEVARD		5.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X H. L. Pellegatta*

CR2E037 (10/97)