


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90019 016 ****61.25

DOCUMENT # N33967

1. Entity Name
CASTLE PINES VILLAGE HOMEOWNERS ASSOCIATION, INC.



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

54037831



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01052004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
KURTZ, SUSAN R.
6872 TIMBER PINES BLVD
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent
 Name **Sue Duncan**
 Street Address (P.O. Box Number is Not Acceptable)
6872 Timber Pines Blvd.
 City **Spring Hill** **FL** Zip Code **34606**

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 *Sue Duncan* DATE **4-9-04**

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, 2004

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDEE, ROBERTA 6872 TIMBER PINES BLVD SPRING HILL, FL 34606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BAKER, JOHN 6872 TIMBER PINES BLVD SPRING HILL, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JELLEN, GEORGE 6872 TIMBER PINES BLVD. SPRING HILL, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERGIN, JAMES 6872 TIMBER PINES BLVD SPRING HILL, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LECLARIE, LARRY 6872 TIMBER PINES BOULEVARD SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Schneider 6872 Timber Pines Blvd. Spring Hill, FL 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: *George J. Dergin* DATE: **4-19-04** DAYTIME PHONE #: **352-666-2355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #