


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

06-02-2005 90003 011 \*\*\*\*61.25

<b>DOCUMENT # N33967</b>					
1. Entity Name CASTLE PINES VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business <del>C/O GILBERT S WEBER</del> 6872 TIMBER PINES BLVD SPRING HILL, FL 34606			Mailing Address <del>C/O GILBERT S WEBER</del> 6872 TIMBER PINES BLVD SPRING HILL, FL 34606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2950759	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <del>DUNCAN, SUE</del> 6872 TIMBER PINES BLVD SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name <u>FRANKIE DADDGER</u> Street Address (P.O. Box Number is Not Acceptable) <u>SAME</u> City <u>FL</u> 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 <u>Frankie Daddger</u> <u>FRANKIE DADDGER</u> <u>5/16/05</u> <small>Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENDEE, ROBERTA	NAME			
STREET ADDRESS	6872 TIMBER PINES BLVD	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAKER, JOHN	NAME			
STREET ADDRESS	6872 TIMBER PINES BLVD	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JELLEN, GEORGE	NAME			
STREET ADDRESS	6872 TIMBER PINES BLVD.	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHNEIDER, JOHN	NAME			
STREET ADDRESS	6842 TIMBER PINES BLVD.	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LECLARIE, LARRY	NAME			
STREET ADDRESS	6872 TIMBER PINES BOULEVARD	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Larry Leclarie</u>			Date <u>5/23/05</u> Daytime Phone # <u>352-684-5373</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

