


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90024 025 ****61.25

DOCUMENT # N33967			
1. Entity Name CASTLE PINES VILLAGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 6872 TIMBER PINES BLVD SPRING HILL, FL 34606		Mailing Address 6872 TIMBER PINES BLVD 6872 TIMBER PINES BLVD SPRING HILL, FL 34606	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01052007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-2950759	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DROOGER, FRANKIE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D <input type="checkbox"/> Delete NAME: HENDEE, ROBERTA STREET ADDRESS: 7351 PRINCE GEORGE CT CITY-ST-ZIP: SPRING HILL, FL 34606	TITLE: DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: VD <input type="checkbox"/> Delete NAME: BAKER, JOHN STREET ADDRESS: 7399 PRINCE GEORGE CT CITY-ST-ZIP: SPRING HILL, FL	TITLE: DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: PD <input checked="" type="checkbox"/> Delete NAME: JELEN, GEORGE STREET ADDRESS: 7290 PRINCE GEORGE CT CITY-ST-ZIP: SPRING HILL, FL	TITLE: DJ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: COX, JAMES STREET ADDRESS: 7303 PRINCE GEORGE CT. CITY-ST-ZIP: SPRING HILL, FL 34606		
TITLE: DS <input checked="" type="checkbox"/> Delete NAME: DERGIN, JIM STREET ADDRESS: 2218 VISTA ROYAL WAY CITY-ST-ZIP: SPRING HILL, FL 34606	TITLE: DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: HUTCHINGS, STUART STREET ADDRESS: 7381 PRINCE GEORGE CT. CITY-ST-ZIP: SPRING HILL, FL 34606		
TITLE: DT <input type="checkbox"/> Delete NAME: LECLAIRE, LARRY STREET ADDRESS: 2200 VISTA ROYAL WAY CITY-ST-ZIP: SPRING HILL, FL 34606	TITLE: DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
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: <i>Stuart Hutchings</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-02-07 352 Daytime Phone #: 666 2335	