

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91146 027 ****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

2. Principal Place of Business

6872 Timber Pines Blvd
Suite, Apt. #, etc.

3. Mailing Address

6872 Timber Pines Blvd
Suite, Apt. #, etc.

City & State

Spring Hill FL
34606

City & State

Spring Hill FL
34606

4. FEI Number **59-2950759**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNIDER, JOHN	NAME	Roberta Hendee
STREET ADDRESS	6872 TIMBER PINES BLVD	STREET ADDRESS	6872 Timber Pines Blvd.
CITY-ST-ZIP	SPRING HILL FL	CITY-ST-ZIP	Spring Hill, FL 34606
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	T <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERGIN, JAMES	NAME	
STREET ADDRESS	6872 TIMBER PINES BLVD	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVENSEN, ROY	NAME	D Sectra
STREET ADDRESS	6872 TIMBER PINES BOULEVARD	STREET ADDRESS	Larry LeClaine
CITY-ST-ZIP	SPRING HILL FL	CITY-ST-ZIP	6872 Timber Pines Blvd
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

[Handwritten Signature]

4-30-03

352-666-2335

CR2E037 (10/02)