2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2004 90019 030 ****61.25

DOCUMENT # 763642 1. Entity Name PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.							04-21-200	4 90019	030 ****61	.25
Principal Place 6872 TIMBER SPRING HILL,	R PINES BLVD.	Mailing Address 6872 TIMBER PINES BLVD. SPRING HILL, FL 34606				54037817				
2. Principal Place of Business		3. Mailing Address				I IESHI LEAN	U1183 1118 1111 1111 11	111 HAI BIAN 1		IBIILEY BL IBBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02092004	Chg-NP	CR	2E037 (10/03)	
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	-	4. FEI Number 59-220	9023	*-	—	Applied For Not Applicable
Zip	Country	Zip	Cou	ntry		5. Certificate	of Status Desi	red 🗀	\$8.75 A Fee Requi	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of N	lew Registe	ered Agent	
KURTZ, SUSAN R				Name	-5 0	تت آگر	inco	<i>i</i>		
6872 TIMBER PINES BOULEVARD SPRING HILL, FL 34606				Street Ad	at Address (P.O. Box Number is Not Acceptable)					
			ļ	CityO	04.4	G HILL	,		FL Zip Co	de // ℃
8. The above	named entity submits this statement for	or the purpose of changing its r	registere					of Florida.		n, and accept
the obligati	ions of registered agent.		_					,		-
SIGNATURE _	Signature, typed or printed name of registered agent	NCUr and title if applicable. (NOTE:	: Registered	d Agent signatur	required	when reinstating)		4-	9-0°	/ _
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co				\$5.00 May B Added to Fees	e		heck payable epartment of	
10.	Due by May 1, 2004 OFFICERS AND DIE	Trust Fund Co		on. [Added to Fees		Florida D		State IN 10
TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DIF D WEICHEL, JOHN 6872 TIMBER PINES BLVD.	Trust Fund Co	11. TITLE NAME	on. [D-P HOU 213	Added to Fees ADDITIONS/CH. SER. D. G. FORES	ANGES TO OF ON ALD STER U	Florida D	epartment of ID DIRECTORS Change	State IN 10
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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:

SIGNATURE

SIGNATURE