2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2006 8:00 am Secretary of State

1. Entity Nam	DOCUMENT # 763642 1. Entity Name PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.						90111 034 ***	
Principal Plac 6872 TIMBE SPRING HILL	r pines blvd.	Mailing Address 6872 TIMBER PINES BL SPRING HILL, FL 34600						
2 Principal P	Place of Business	3 Mailing Address						
			3. Mailing Address			a irin sirin eisis r	# = (2)	3) B 4 8 B B
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01092006 C	hg-NP	CR2E037 (11/	05)
City & Stat	e	City & State	City & State		4. FEI Number 59-220902	23		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	□ \$8.75	5 Additional
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New I	Registered Agent	
DRODGE	R. FRANKIE		Name	Name DROOGER, FRANKIE				
6872 TIME	BER PINES BOULEVARD HILL, FL 34606		Street	Address (P.O. Box Number is	Not Acceptab	le)	
5	HEE, I'E 04000							
			City				FL Zip	Code
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office	or register	ed agent, or both, in	the State of F	lorida. 1 am familiar Taww. 3,1	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title happlicable. (NOTE:	Registered Agent sign	nature required	when reinstating)	- Leve	DATE	
SIGNATURE	Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	1	DATE Make check paya	
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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 testee 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.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SELL F. FUCABLUD 3/

Daytime Phone #

ATTACHMENT 40061967
#763642 Delete:

Schultz, Emily

6365 Nature Preserve Lane

Spring Hill, FL 34606

Addition:

D

1

Hagedorn, Lois 6355 Pinestand Court. Spring Hill, FL 34606

Division of Corporations

ATTACHMENT #763642

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Division of Corporations

Annual Report

Annual Report Help

Document Number 763642 **Business Entity Name**

PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.

FEI Number	592209023	
FEI Number Status	Listed Above	Applied For O Not Applicable
Certificate of Status Desired	○ Yes ② No \$8	3.75 each
Election Campaign Financing Trust Fu	nd Contribution (Yes (No	
Pr	incipal Place of Business	
Address	6872 TIMBER PINES BLVD.	•
Suite, Apt. #, etc.	· · · · · ·	W LIMP
City, State	SPRING HILL	FL
Zip Code & Country		
	Mailing Address	
Address	6872 TIMBER PINES BLVD.	
Suite, Apt. #, etc.	debutterenderman out 11 Mars of equipped on 1	n 10. 20. 10.1
City, State	SPRING HILL	FL
Zip Code & Country		·
Name an	d Address of Registered A	gent
	Ū	
Name (Last, First, Middle, Title)	DROOGER FRANKIE	, ,
- OR - Business to serve as RA		
Address (PO Box is not acceptabl	e) 6872 TIMBER PINES BOULEV	ARD
Suite, Apt. #, etc.	attention that all all in the control properties appeared to the control of	The control of the co
City, State	SPRING HILL	, FL
Zip Code & Country	34606 US	

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	SD		
Name (Last, First, Middle, Title)	BODWELL	, MARIAN , ,	,
- OR - Entity Name to serve as Officer/Director	i		
Street Address	2106 FORESTE	R WAY	
City, State	SPRING HILL	, FL	
Zip Code & Country	34606		
Title	D		
Name (Last, First, Middle, Title)	KOWALKE	, MARYJANE ,	•
- OR - Entity Name to serve as Officer/Director		-	
Street Address	2215 FORESTE	R WAY	
City, State	SPRING HILL	, FL	
Zip Code & Country	34606	- ·	
Title	VD		
Name (Last, First, Middle, Title)	ELLIOTT	GARY ,	,
- OR - Entity Name to serve as Officer/Director			
Street Address	6482 NATURE I	PRESERVE LANE	
City, State	SPRING HILL	, FL	
Zip Code & Country	34606		
Title	n		

Division of Corporations

ATTACHMENT #763642 Page 3 of 4

Name (Last, First. Middle, Title)	ZIEMKE , HARLIE , ,
- OR - Entity Name to serve as Officer/Director	;
Street Address	2192 FORESTER WAY
City, State	SPRING HILL FL
Zip Code & Country	34606
Title	D
Name (Last, First, Middle, Title)	DUNLAP , JIM , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	6365 NATURE PRESERVE LANE
City, State	SPRING HILL , FL
Zip Code & Country	34606
Title	PTD
Name (Last, First, Middle, Title)	FUCARINO , JOSEPH . ,
- OR - Entity Name to serve as Officer/Director	
Street Address	2128 FORESTER WAY
City, State	SPRING HILL , FL
Zip Code & Country	34606
entity named above mu	pove or an individual signing on behalf of an st type their name in the 'Officer/Director' A corporate name is not allowed in this

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue	Reset