


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90024 010 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N06804</b>  |  |
| 1. Entity Name<br><b>PINE GLEN VILLAGE HOMEOWNERS ASSOCIATION, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>6872 TIMBER PINES BLVD<br/>SPRING HILL, FL 34606 US</b> | Mailing Address<br><b>6872 TIMBER PINES BLVD<br/>SPRING HILL, FL 34606 US</b> |
|---|---|

40033041



|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

01222008 Chg-NP CR2E037 (12/06)

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-2468445</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                              |  |
| <b>DROOGER, FRANKIE<br/>6872 TIMBER PINES BLVD<br/>SPRING HILL, FL 34606</b> |  |

|  |             |
|--|-------------|
| 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 \_\_\_\_\_

|   |   |  |   |
|---|---|--|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to:<br/>Florida Department of State</b> |
|---|---|--|---|

| 10. OFFICERS AND DIRECTORS |                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | PTD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>HARLING, BEN</b>                 | NAME  |  |
| STREET ADDRESS             | <b>6654 BRAMBLELEAF DR</b>          | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>SPRING HILL, FL 34606</b>        | CITY-ST-ZIP   |  |
| TITLE                      | D <input type="checkbox"/> Delete   | TITLE   | <b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KANE, BARRY</b>                  | NAME  |  |
| STREET ADDRESS             | <b>6603 INVERARY LN</b>             | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>SPRING HILL, FL 34606</b>        | CITY-ST-ZIP   |  |
| TITLE                      | D <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>KNOWLES, ROBERT</b>              | NAME  |  |
| STREET ADDRESS             | <b>6618 INVERARY LANE</b>           | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>SPRING HILL, FL 34606</b>        | CITY-ST-ZIP   |  |
| TITLE                      | DV <input type="checkbox"/> Delete  | TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>DANISCH, CHARLES</b>             | NAME  |  |
| STREET ADDRESS             | <b>6604 SOVEREIGN WAY</b>           | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>SPRING HILL, FL 34606</b>        | CITY-ST-ZIP   |  |
| TITLE                      | SD <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>KNIGHT, LOIS</b>                 | NAME  |  |
| STREET ADDRESS             | <b>6640 BRAMBLELEAF DR</b>          | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>SPRING HILL, FL 34606</b>        | CITY-ST-ZIP   |  |
| TITLE                      | D <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>FRITZ, ROBERT</b>                | NAME  |  |
| STREET ADDRESS             | <b>2232 WYNDAM DR</b>               | STREET ADDRESS  |  |
| CITY-ST-ZIP                | <b>SPRING HILL, FL 34606</b>        | 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:** BEN L HARLING **BEN L HARLING** 352-666-2335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/23/08

ATTACHMENT

40059841

#NO6804

NO CHANGE

D

Karen Ruzicka

6631 Inverary Lane

Spring Hill, FL 34606