

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2005 8:00 am**  
**Secretary of State**

06-16-2005 90001 015 \*\*\*\*61.25

<b>DOCUMENT # N17584</b> 1. Entity Name TWO PINE GLEN VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6872 TIMBER PINES BLVD. SPRING HILL, FL 34606			Mailing Address 6872 TIMBER PINES BLVD. SPRING HILL, FL 34606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05172005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2733187	
				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		
DUNCAN, SUE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606			Name <u>FRANKIE DRODGER</u> Street Address (P.O. Box Number is Not Acceptable) <u>SAME</u> City <u>FL</u> 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 <u>Frankie Drodger</u>		FRANKIE DRODGER		5/17/05	
Filing Fee is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREGEORY, WILLIAM 6872 TIMBER PINES BLVD SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 2298 WYNDAM DRIVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANCELOT, DONALD 6872 TIMBER PINES BLVD SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 3231 ABDNAUT DRIVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KARPIE, JEAN 6872 TIMBER PINES BOULEVARD SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ART BELLION 2288 WYNDAM DRIVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RICHARD 6872 TIMBER PINES BLVD SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 3115 LYNX LANE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAMO, SHEILA 6872 TIMBER PINES BLVD SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 6595 ANDROMEDA WAY SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALEY, NICHOLAS 6872 TIMBER PINES BLVD SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 6598 ANDROMEDA WAY SPRING HILL, FL 34606
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: <u>Arthur Bellion</u>		ARTHUR BELLION		5/31/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Addition'

#N17584

40088336

Name:	Chuck Zimmerman
Street Address:	2285 Wyndam Drive
City, State, Zip:	Spring Hill, FL 34606