


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2006 90111 033 ****61.25

DOCUMENT # N17584 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			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2733187	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DRODGER, FRANKIE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606				Name DRODGER, FRANKIE 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 <i>Frankie Drodger</i> Association Services Mgr. 3/27/06 <small>Signature, typed or printed name of registered agent and then applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P GREGEORY, WILLIAM 2298 WYNDAM DRIVE SPRING HILL, FL 34606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GREGORY, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANCELOT, DONALD 3231 ABNANT DRIVE SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D FICARRA, MARIE 6589 CRAMBLELEAF DR. SPRING HILL, FL 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELLION, ART 2288 WYNDAM DRIVE SPRING HILL, FL 34606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RICHARD 3115 LYNX LANE SPRING HILL, FL 34606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAMO, SHEILA 6598 ANDROMEDA WAY SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPELLE, DONALD 6583 CRAMBLELEAF DR. SPRING HILL, FL 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 DALEY, NICHOLAS 6598 ANDROMEDA WAY SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Arthur Bellion</i> ARTHUR BELLION 3-17-06 666-2335 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

D
Zimmerman, Chuck
2285 Wyndam Drive
Spring Hill, FL 34606

40061968
N17584



ATTACHMENT 40061968
#N17584
Division of Corporations

Annual Report

Annual Report Help

Document Number

N17584

Business Entity Name

TWO PINE GLEN VILLAGE HOMEOWNERS ASSOCIATION, INC.

FEI Number

592733187

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

6872 TIMBER PINES BLVD.

Suite, Apt. #, etc.

City, State

SPRING HILL, FL

Zip Code & Country **34606**

Mailing Address

Address

6872 TIMBER PINES BLVD.

Suite, Apt. #, etc.

City, State

SPRING HILL, FL

Zip Code & Country **34606**

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

DROOGER, FRANKIE

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **6872 TIMBER PINES BLVD**

Suite, Apt. #, etc.

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

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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	PD
Name (Last, First, Middle, Title)	GREGORY, WILLIAM, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	2298 WYNDAM DRIVE
City, State	SPRING HILL, FL
Zip Code & Country	34606
Title	SD
Name (Last, First, Middle, Title)	FICARRA, MARIE, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	6589 BRAMBLELEAF DRIVE
City, State	SPRING HILL, FL
Zip Code & Country	34606
Title	TD
Name (Last, First, Middle, Title)	BELLION, ART, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	2288 WYNDAM DRIVE
City, State	SPRING HILL, FL
Zip Code & Country	34606
Title	VD

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Name (Last, First, Middle, Title)

BROWN

RICHARD

- OR -Entity Name to serve as
Officer/Director

Street Address

3115 LYNX LANE

City, State

SPRING HILL

, FL

Zip Code & Country

34606

Title

D

Name (Last, First, Middle, Title)

CAPELLE

DONALD

- OR -Entity Name to serve as
Officer/Director

Street Address

6583 BRAMBLELEAF DRIVE

City, State

SPRING HILL

, FL

Zip Code & Country

34606

Title

D

Name (Last, First, Middle, Title)

DALEY

NICHOLAS

- OR -Entity Name to serve as
Officer/Director

Street Address

6598 ANDROMEDA WAY

City, State

SPRING HILL

, FL

Zip Code & Country

34606

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director 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. The individual "signing" this document affirms that the facts stated herein are true.