



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90024 037 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40057614 	
City & State		City & State		01052007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2733187	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent DROOGER, FRANKIE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGORY, WILLIAM <input checked="" type="checkbox"/> Delete 2298 WYNDAM DRIVE SPRING HILL, FL 34606				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FICARRA, MARIE <input type="checkbox"/> Delete 6589 BRAMBLELEAF DR SPRING HILL, FL 34606				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELLION, ART <input type="checkbox"/> Delete 2288 WYNDAM DRIVE SPRING HILL, FL 34606				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, RICHARD <input type="checkbox"/> Delete 3115 LYNX LANE SPRING HILL, FL 34606				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPELLE, DONALD <input type="checkbox"/> Delete 4583 BRAMBLELEAF DR SPRING HILL, FL 34606				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALEY, NICHOLAS <input type="checkbox"/> Delete 6598 ANDROMEDA WAY SPRING HILL, FL 34606				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIMMERMAN, CHUCK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2285 WYNDAM DR. SPRING HILL, FL 34606				
(Empty row for additional additions/changes)					
(Empty row for additional additions/changes)					
(Empty row for additional additions/changes)					
(Empty row for additional additions/changes)					
(Empty row for additional additions/changes)					
(Empty row for additional additions/changes)					
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: X <i>Arthur Bellion</i> X 3-12-07 352-666-2335					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40057614

#N19584

Addition:

Director
Howe, Dennis
6593 Andromeda Way
Spring Hill, FL 34606