



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

04-07-2008 90024 011 \*\*\*\*61.25

<b>DOCUMENT # N17584</b> 1. Entity Name <b>TWO PINE GLEN VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6872 TIMBER PINES BLVD. SPRING HILL, FL 34606</b>			Mailing Address <b>6872 TIMBER PINES BLVD. SPRING HILL, FL 34606</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-2733187</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03052008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>DROOGER, FRANKIE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIMMERMAN, CHUCK 2285 WYNDAM DR SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FICARRA, MARIE 6589 BRAMBLELEAF DR 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	TD BELLION, ART 2288 WYNDAM DRIVE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HOWE, DENNIS 4593 ANDROMEDA WAY SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, RICHARD 3115 LYNX LANE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FIRTH, BRENDA 4586 BRAMBLELEAF DR. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPELLE, DONALD 4583 BRAMBLELEAF DR SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALEY, NICHOLAS 6598 ANDROMEDA WAY SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>Charles Zimmerman, PRES.</u> <span style="float: right;">3/5/08 352-666-2335</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

D  
Pryor, Bob  
3142 Cloister Court  
Spring Hill, FL 34606

ATTACHMENT  
40059840  
# N17584