

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2006 90111 022 \*\*\*\*61.25

<b>DOCUMENT # N26788</b> 1. Entity Name <b>CLUB HOUSE VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6872 TIMBER PINES BLVD. SPRING HILL, FL 34606 US</b>				Mailing Address <b>6872 TIMBER PINES BLVD. SPRING HILL, FL 34606 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2906610</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DRODGER, FRANKIE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606</b>			7. Name and Address of New Registered Agent Name <b>DRODGER, FRANKIE</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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> <b>Frankie Drodger, Association Services Mgr.</b> 3/27/06 <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, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BEASLEY, JIMMY 6429 TAPESTRY CIRCLE SPRING HILL, FL 34606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST CHRISTIE, ROSEANN 6872 TIMBER PINES BLVD. SPRING HILL, FL 34606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6475 TAPESTRY CIRCLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MURPHY, BERRY 6458 TAPESTRY CIRCLE SPRING HILL, FL 34606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D MURPHY, BERRY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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.					
<b>SIGNATURE: Roseanne Christie</b> <b>ROSEANNE CHRISTIE</b> 3/17/06 666-2235 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



**ATTACHMENT** 40061979  
# N26788  
**Division of Corporations**

**Annual Report**[Annual Report Help](#)

Document Number

**N26788**

Business Entity Name

**CLUB HOUSE VILLAGE HOMEOWNERS ASSOCIATION, INC.**

FEI Number

**592906610**

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection 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 US****Mailing Address**

Address

**6872 TIMBER PINES BLVD.**

Suite, Apt. #, etc.

City, State

**SPRING HILL, FL**Zip Code & Country **34606 US****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 &amp; 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

ATTACHMENT

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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)	BEASLEY, JIMMY, ,
- OR -	

Entity Name to serve as  
Officer/Director

Street Address	6429 TAPESTRY CIRCLE
City, State	SPRING HILL, FL
Zip Code & Country	34606

Title	STD
Name (Last, First, Middle, Title)	CHRISTIE, ROSEANN, ,
- OR -	

Entity Name to serve as  
Officer/Director

Street Address	6475 TAPESTRY CIRCLE
City, State	SPRING HILL, FL
Zip Code & Country	34606

Title	VD
Name (Last, First, Middle, Title)	MURPHY, GERRY, ,
- OR -	

Entity Name to serve as  
Officer/Director

Street Address	6458 TAPESTRY CIRCLE
City, State	SPRING HILL, FL
Zip Code & Country	34606

Title