


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-25-2006 90111 021 \*\*\*\*61.25

<b>DOCUMENT # N33967</b>			
1. Entity Name CASTLE PINES 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 6872 TIMBER PINES BLVD Suite, Apt. #, etc.		3. Mailing Address 6872 TIMBER PINES BLVD Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State SPRING HILL, FL	
Zip 34606		Zip 34606	
Country US		Country US	
4. FEI Number 59-2950759		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 DROOBER, FRANKIE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name: DROOGER, 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 Drooger, CAM Association Services Manager</i>		DATE: 3/31/06	
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: SD NAME: HENDEE, ROBERTA STREET ADDRESS: 6872 TIMBER PINES BLVD CITY-ST-ZIP: SPRING HILL, FL 34606	<input type="checkbox"/> Delete	TITLE: D NAME: [Blank] STREET ADDRESS: 7351 PRINCE GEORGE CT. CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP NAME: BAKER, JOHN STREET ADDRESS: 6872 TIMBER PINES BLVD CITY-ST-ZIP: SPRING HILL, FL	<input type="checkbox"/> Delete	TITLE: D NAME: [Blank] STREET ADDRESS: 7344 PRINCE GEORGE CT. CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: JELEN, GEORGE STREET ADDRESS: 6872 TIMBER PINES BLVD. CITY-ST-ZIP: SPRING HILL, FL	<input type="checkbox"/> Delete	TITLE: D NAME: [Blank] STREET ADDRESS: 7290 PRINCE GEORGE CT. CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SCHNEIDER, JOHN STREET ADDRESS: 6842 TIMBER PINES BLVD. CITY-ST-ZIP: SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete	TITLE: D/S NAME: BERGIN, TIA STREET ADDRESS: 2218 VISTA ROYAL WAY CITY-ST-ZIP: SPRING HILL, FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DT NAME: LECLARIE, LARRY STREET ADDRESS: 6872 TIMBER PINES BOULEVARD CITY-ST-ZIP: SPRING HILL, FL 34606	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: LECLAIRE, LARRY STREET ADDRESS: 2200 VISTA ROYAL WAY CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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: <i>George Jelen</i>		DATE: 3/28/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 352-446-2335	



ATTACHMENT 40061980  
# N33967  
Division of Corporations

Annual Report

Annual Report Help

Document Number  
N33967  
Business Entity Name  
CASTLE PINES VILLAGE HOMEOWNERS ASSOCIATION, INC.

FEI Number 592950759  
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: D  
Name (Last, First, Middle, Title): HENDEE, ROBERTA, ,

- OR -

Entity Name to serve as Officer/Director:

Street Address: 7351 PRINCE GEORGE COURT  
City, State: SPRING HILL, FL  
Zip Code & Country: 34606

Title: VD  
Name (Last, First, Middle, Title): BAKER, JOHN, ,

- OR -

Entity Name to serve as Officer/Director:

Street Address: 7399 PRINCE GEORGE COURT  
City, State: SPRING HILL, FL  
Zip Code & Country: 34606

Title: PD  
Name (Last, First, Middle, Title): JELEN, GEORGE, ,

- OR -

Entity Name to serve as Officer/Director:

Street Address: 7290 PRINCE GEORGE COURT  
City, State: SPRING HILL, FL  
Zip Code & Country: 34606

Title: D

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Name (Last, First, Middle, Title) DERGIN, JIM

- OR -

Entity Name to serve as  
Officer/Director

Street Address 2218 VISTA ROYAL WAY

City, State SPRING HILL, FL

Zip Code & Country 34606

Title TD

Name (Last, First, Middle, Title) LECLAIRE, LARRY

- OR -

Entity Name to serve as  
Officer/Director

Street Address 2200 VISTA ROYAL WAY

City, State SPRING HILL, FL

Zip Code & Country 34606

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

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.

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