2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N33967 1. Entity Name CASTLE PINES VILLAGE HOMEOWNERS ASSOCIATION,



FILED

Apr 12, 2007 8:00 am Secretary of State

04-12-2007 90024 025 ****61.25

Principal Place of Business 6872 TIMBER PINES BLVD

SIGNATURE: _

INC.

Mailing Address

6872 TIMBER PINES BLVD

SPRING HILL, FL 34606				6872 TIMBER PINES BLVD Spring Hill, FL 34606										
2. Principal Place of Business - No P.O. Box #				3. Mailing Address										
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01052007	Chg	j-NP	CR2	E037 (12/06	5)	
City & State			Cit	City & State				4. FEI Num 59-29	ber 50759)			Applied Not App	
Zip Country			Zip	Zip Co				S. Certificate of Status Desired Server						
6. Name and Address of Current Registered Agent								7. Name an	d Addre	ss of New	Register	ed Agent		
DROOGER, FRANKIE				Name										
6872 TIMBER PINES BLVD SPRING HILL, FL 34606				Street Address			Address (P.O. Box Num	ber is No	ot Acceptab	ole)			
						City		·				_∎ Zip Ĉ	ode	
												- L		
8. The above	named entity tions of registe	submits this statement	for the purp	ose of changing its	registere	ed office o	r register	ed agent, or b	oth, in th	e State of F	lorida. La	am familiar wi	th, and a	ccept
tile obligat	lions of registi	sied agent.												
8101147105														
SIGNATURE .	Signature, typed	or printed name of registered age	ent and title if app	licable (NOTE	Registered	d Agent signa	ture required	when reinstating)			DAI	E		_
Filing Fee is \$61.25 Due by May 1, 2007				Election Campaign Fin Trust Fund Contribution			\$5.00 May Be Added to Fees			Make check payable to Florida Department of State				
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10.		OFFICERS AND	DIRECTORS	· · · · · · · · · · · · · · · · · · ·	11.			ADDITIONS/C	HANGES	S TO OFFIC		DIRECTORS	IN 10	 -,
10.	D		DIRECTORS	☐ Delete	11.		<u></u> کہ ھا	ADDITIONS/C	HANGES	S TO OFFIC		DIRECTORS		Addition
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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 of 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.