

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

INCORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
CORPORATION REPORT

4/29/95
113
FEE

DOCUMENT # **N47499** (1)

95 APR 29 11:15

PINE LAKE VILLAGE OF TIMBER PINES, INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Office Location		Mailed Address		DATE OF WHICH THIS STATE	
6872 TIMBER PINES BLVD SPRING HILL FL 34606 US		6872 TIMBER PINES BLVD SPRING HILL FL 34606 US		3 Date of Incorporation or Qualification 02/21/1992	3a Date of Last Report 05/01/1994
2 Principal Office Telephone		2a Mailed Address		4 FID Number 59-3113972	
21		26		5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 State App # of		27 State App # of		6 Director Campaign Financing Report Filed/Required/Not Filed <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 City & State		28 City & State		7 Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required	
24 City		29 City		8 This corporation has liability for intangible tax under § 190.043, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 County		30 County			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOEY DOROTHY 6872 TIMBER PINES BOULEVARD SPRING HILL FL 34606				81 Name Hadrick Richard			
				82 Street Address (P.O. Box Number is Not Acceptable) 6872 Timber Pines Boulevard			
				83			
				84 City Spring Hill FL 85 Zip Code 34606			

11. Pursuant to the provisions of sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required upon the death of the State of Florida. Such change was authorized by the corporation's board of directors, thereby making this statement a required report. This number will indicate the registration of Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE: *Richard Hadrick* **Richard HADRICK, PRES.** 4/29/95

12. OFFICERS AND DIRECTORS		13. ALTERNATE DIRECTORS	
OFFICE	PD	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME	HOEY DOROTHY	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
STREET ADDRESS	6872 TIMBER PINES BLVD	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
CITY	SPRING HILL FL	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICE	VPD	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME	CHEVOOR PETER	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
STREET ADDRESS	6872 TIMBER PINES BLVD	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
CITY	SPRING HILL FL	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICE	TD	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME	RUVOLA LEONARD	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
STREET ADDRESS	6872 TIMBER PINES BOULEVARD	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
CITY	SPRING HILL FL	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICE	D/P	OFFICE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Address
NAME	SCHMIDT WARREN	OFFICE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Address
STREET ADDRESS	6872 TIMBER PINES BLVD	OFFICE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Address
CITY	SPRING HILL FL	OFFICE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Address
OFFICE	D	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME	SCOLARO FRANCES	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
STREET ADDRESS	6872 TIMBER PINES BLVD	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
CITY	SPRING HILL FL	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICE	S	OFFICE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Address
NAME	BOUCHER PATRICIA	OFFICE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Address
STREET ADDRESS	6872 TIMBER PINES BLVD	OFFICE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Address
CITY	SPRING HILL FL	OFFICE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Address

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and validly for the corporation stated in Sections 607.01 and 607.02, Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and validly and that my signature shall have the same legal effect as if made under oath. This filing is an official record of the corporation and the record of business transacted by or on behalf of the corporation as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, 2 or Block 1, 3, as required to be on the record with an address.

SIGNATURE: *Richard Hadrick* **Richard HADRICK, PRES** 4/29/95 904-683-8447