

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47499** (1)

1. Corporation Name

PINE LAKE VILLAGE OF TIMBER PINES, INC.



Principal Place of Business

Mailing Address

6872 TIMBER PINES BLVD
SPRING HILL FL 34606
US

6872 TIMBER PINES BLVD
SPRING HILL FL 34606
US

3. Date Incorporated or Qualified
02/21/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3113972

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Richard M. Hadrick

(NOTE: Registered agent signature required when reinstating)

4/30/96

FL

85

Zip Code

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOEY DOROTHY	
STREET ADDRESS	6872 TIMBER PINES BLVD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CHEVOOR PETER	
STREET ADDRESS	6872 TIMBER PINES BLVD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUVOLA LEONARD	
STREET ADDRESS	6872 TIMBER PINES BOULEVARD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMITT WARREN	
STREET ADDRESS	6872 TIMBER PINES BLVD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOLARO FRANCES	
STREET ADDRESS	6872 TIMBER PINES BLVD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BOUCHER PATRICIA	
STREET ADDRESS	6872 TIMBER PINES BLVD	
CITY-ST-ZIP	SPRING HILL FL	

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HADRICK, RICHARD	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SANTEE, CLIFF	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	RUVOLA, LEONARD	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Dingler, Al	
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Richard M. Hadrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

Daytime Phone #

CR2E037 (12/95)