


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90019 029 \*\*\*\*61.25

**DOCUMENT # N47499**

1. Entity Name  
**PINE LAKE VILLAGE OF TIMBER PINES, INC.**



Principal Place of Business  
**6872 TIMBER PINES BLVD**  
**SPRING HILL, FL 34606 US**

Mailing Address  
**6872 TIMBER PINES BLVD**  
**SPRING HILL, FL 34606 US**

**54037818**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01052004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3113972**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KURTZ, SUSAN**  
**6872 TIMBER PINES BOULEVARD**  
**SPRING HILL, FL 34606**

7. Name and Address of New Registered Agent

Name: **Sue Duncan**

Street Address (P.O. Box Number is Not Acceptable)  
**6872 TIMBER PINES BLVD**

City: **SPRING HILL** FL Zip Code: **34606**

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: *Sue Duncan* DATE: 4-9-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S</b> <b>DORSETT, CHARLES</b> <b>6872 TIMBER PINES BOULEVARD</b> <b>SPRING HILL, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MALLY, FRANK</b> <b>6872 TIMBER PINES BLVD</b> <b>SPRING HILL, FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BRANUM, WILLIAM</b> <b>6872 TIMBER BLVD</b> <b>SPRING HILL, FL 34606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PIASCIC, DELORES</b> <b>6872 TIMBER PINES BLVD</b> <b>SPRING HILL, FL 34606</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>HADRICK, CAROL</b> <b>6872 TIMBER DINES BLVD</b> <b>SPRING HILL, FL 34606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSIT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William Branum* DATE: 2-27-04 DAYTIME PHONE #: 352.666-2335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR