


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90001 012 ****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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		05172005 Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-3113972	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUNCAN, SUE 6872 TIMBER PINES BOULEVARD SPRING HILL, FL 34606		Name FRANKIE DRODGER	
		Street Address (P.O. Box Number is Not Acceptable)	
		SAME	
		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 Drodger</i>		FRANKIE DRODGER	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
5/17/05		DATE	
10. Filing Fee is \$61.25 Due by September 7, 2005		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	DST <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSETT, CHARLES	NAME	
STREET ADDRESS	6872 TIMBER PINES BOULEVARD	STREET ADDRESS	7470 BAYWOOD FOREST CIRCLE
CITY-ST-ZIP	SPRING HILL, FL	CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANUM, WILLIAM	NAME	
STREET ADDRESS	6872 TIMBER BLVD	STREET ADDRESS	7426 BAYWOOD FOREST CIRCLE
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HADRICK, CAROL	NAME	BDB PLASCIK
STREET ADDRESS	6872 TIMBER DINES BLVD	STREET ADDRESS	7474 BAYWOOD FOREST CIRCLE
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	<input type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CHARLOTTE BLAKE
STREET ADDRESS		STREET ADDRESS	7430 BAYWOOD FOREST CIRCLE
CITY-ST-ZIP		CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BETTY HARTLEY
STREET ADDRESS		STREET ADDRESS	7388 MEADOW BROOK LANE
CITY-ST-ZIP		CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>William Branum</i>		WILLIAM BRANUM - 20-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	