


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90024 039 \*\*\*\*61.25

<b>DOCUMENT # N47499</b>	
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
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**DO NOT WRITE IN THIS SPACE**



02282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3113972	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DROOGER, FRANKIE  
 6872 TIMBER PINES BOULEVARD  
 SPRING HILL, FL 34606

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNNING, JIM 7408 MEADOWBROOK LANE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANUM, WILLIAM 7426 BAYWOOD FOREST CIRCLE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLASCIK, BOB 7474 BAYWOOD FOREST CIRCLE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLAKE, CHARLOTTE 7430 BAYWOOD FOREST CIRCLE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARTLEY, BETTY 7388 BAYWOOD FOREST CIRCLE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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: *X Charlotte Blake* *Trass.* *X 3/12/07* *352-6666-2335*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #