


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90024 013 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3113972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		02202008 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
DROOGER, FRANKIE 6872 TIMBER PINES BOULEVARD SPRING HILL, FL 34606		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNNING, JIM		NAME		
STREET ADDRESS	7408 MEADOWBROOK LANE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANUM, WILLIAM		NAME	MONTGOMERY, PATRICIA	
STREET ADDRESS	7426 BAYWOOD FOREST CIRCLE		STREET ADDRESS	7378 BAYWOOD FOREST CIRCLE	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLASCIK, BOB		NAME		
STREET ADDRESS	7474 BAYWOOD FOREST CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, CHARLOTTE		NAME		
STREET ADDRESS	7430 BAYWOOD FOREST CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTLEY, BETTY		NAME	MORGAN, VIRGINIA BRUYN	
STREET ADDRESS	7388 BAYWOOD FOREST CIRCLE		STREET ADDRESS	7394 BAYWOOD FOREST CIRCLE	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Charlotte Blake</i> CHARLOTTE BLAKE TREAS 3/3/08 352-666-2335					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					