2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 12, 2003 8:00 am § Secretary of State **DOCUMENT # N47499** 05-12-2003 90198 009 ****61.25 1. Entity Name PINE LAKE VILLAGE OF TIMBER PINES, INC. Principal Place of Business Mailing Address 6872 TIMBER PINES BLVD 6072 TIMBER PINES BLVD SPRING HILL FL 34606 SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3113972 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KURTZ, SUSAN Street Address (P.O. Box Number is Not Acceptable) **6872 TIMBER PINES BOULEVARD** SPRING HILL FL 34606 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change ☐ Addition NAME HADRICK, RICHARD STREET ADDRESS STREET ADDRESS 6872 TIMBER PINES BLVD CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL TITLE ☐ Delete Change 📈 Addition NAME DORSETT, CHARLES NAME STREET ADDRESS 6872 TIMBER PINES BOULEVARD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Spring Hill Fl TITLE ☐ Delete TITLE ☐ Change Addition NAME MALLY, FRANK NAME STREET ADDRESS STREET ADDRESS 6872 TIMBER PINES BLVD CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL Addition TITLE Delete William Branum WELCH, LOUIS NAME NAME 4872 Timbu Pius Blud. STREET ADDRESS 6872 TIMBER BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 **VPD** ☐ Addition TITLE ☐ Delete TITLE PIASCIK, DELORES NAME NAME STREET ADDRESS STREET ADDRESS 6872 TIMBER PINES BLVD CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 \mathcal{D} ۸ \underline{b} D ☐ Delete ☐ Addition TITLE TITLE

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 appaddress, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

HADRICK, CAROL

6872 TIMBER DINES BLVD

SPRING HILL FL 34606

NAME

STREET ADDRESS

CITY-ST-ZIP

352-466-233

FILED