

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90111 026 ****61.25

DOCUMENT # N93000001799 1. Entity Name HILLSIDE VILLAGE OF TIMBER PINES, INC.					
Principal Place of Business 6872 TIMBER PINES BOULEVARD SPRING HILL, FL 34606 US			Mailing Address 6872 TIMBER PINES BOULEVARD 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	4. FEI Number 59-3217549	
				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		
DADDGER, FRANKIE 6872 TIMBER PINES BOULEVARD SPRING HILL, FL 34606			Name <u>DROOGER, FRANKIE</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Frankie Drooger, GARM Association Services Mgr 3/27/06</u> <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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	V KNOWLES, PATTIE 7297 BLUE SKIES DRIVE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D TITOLD, NICK 7273 BLUE SKIES DR. SPRING HILL, FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILICA, HARRY 2372 ROLLING VIEW DRIVE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARD, TOM 2327 ROLLING VIEW DR. SPRING HILL, FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRICK, ANN 2364 ROLLING VIEW DRIVE SPRING HILL, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIBNOR, GABBE 7289 BLUE SKIES DRIVE SPRING HILL, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIGNDR, GRACE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 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: <u>Ann M Frick, Treas ANN FRICK 3/17/05 352-666-8922</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT 40061975
#N93000001799
Division of Corporations

Annual Report

Annual Report Help

Document Number

N93000001799

Business Entity Name

HILLSIDE VILLAGE OF TIMBER PINES, INC.

FEI Number

593217549

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address **6872 TIMBER PINES BOULEVARD**

Suite, Apt. #, etc.

City, State **SPRING HILL**, FL

Zip Code & Country **34606** US

Mailing Address

Address **6872 TIMBER PINES BOULEVARD**

Suite, Apt. #, etc.

City, State **SPRING HILL**, FL

Zip Code & Country **34606** US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) **DROOGER**, **FRANKIE**

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **6872 TIMBER PINES BOULEVARD**

Suite, Apt. #, etc.

City, State **SPRING HILL**, FL

Zip Code & Country **34606** US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	VD
Name (Last, First, Middle, Title)	TITOLO, NICK, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	7272 BLUE SKIES DRIVE
City, State	SPRING HILL, FL
Zip Code & Country	34606
Title	D
Name (Last, First, Middle, Title)	BEARD, TOM, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	2327 ROLLING VIEW DRIVE
City, State	SPRING HILL, FL
Zip Code & Country	34606
Title	ST
Name (Last, First, Middle, Title)	FRICK, ANN, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	2364 ROLLING VIEW DRIVE
City, State	SPRING HILL, FL
Zip Code & Country	
Title	PD

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Name (Last, First, Middle, Title)

SIGNOR

GRACE

- OR -Entity Name to serve as
Officer/Director

Street Address

7289 BLUE SKIES DRIVE

City, State

SPRING HILL

, FL

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.