

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001799

FILED
Mar 20, 2009
Secretary of State

Entity Name: HILLSIDE VILLAGE OF TIMBER PINES, INC.

Current Principal Place of Business:

6872 TIMBER PINES BOULEVARD
SPRING HILL, FL 34606 US

New Principal Place of Business:

6872 TIMBER PINES BLVD.
SPRING HILL, FL 34606 US

Current Mailing Address:

6872 TIMBER PINES BOULEVARD
SPRING HILL, FL 34606 US

New Mailing Address:

6872 TIMBER PINES BLVD.
SPRING HILL, FL 34606 US

FEI Number: 59-3217549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DROOGER, FRANKIE
6872 TIMBER PINES BLVD.
SPRING HILL, FL 34606 US

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.

SIGNATURE:

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TITOLO, NICK
Address: 7272 BLUE SKIES DR
City-St-Zip: SPRING HILL, FL 34606

Title: VD () Delete
Name: TRINGALI, DOROTHY
Address: 7288 BLUE SKIES DR
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: MILLER, SARA
Address: 7241 BLUE SKIES DR
City-St-Zip: SPRING HILL, FL 34606

Title: S/T () Delete
Name: BEARD, THOMAS
Address: 2327 ROLLING VIEW DR
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TITOLO, NICOLO
Address: 7272 BLUE SKIES DR
City-St-Zip: SPRING HILL, FL 34606

Title: VD (X) Change () Addition
Name: MILLER, SARA
Address: 7241 BLUE SKIES DR
City-St-Zip: SPRING HILL, FL 34606

Title: D (X) Change () Addition
Name: TRINGALI, DOROTHY
Address: 7288 BLUE SKIES DR
City-St-Zip: SPRING HILL, FL 34606

Title: ST (X) Change () Addition
Name: BEARD, THOMAS
Address: 2327 ROLLING VIEW DR
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLO TITOLO

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date