

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90003 009 ****61.25

DOCUMENT # N93000004835

1. Entity Name
COUNTRY RIDGE VILLAS 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.

05162005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3217555

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DUNCAN, SUE~~
**6872 TIMBER PINES BOULEVARD
SPRINGHILL, FL 34606**

Name **FRANKIE DROOGER**
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 *Frankie Drooger* **FRANKIE DROOGER**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **DT** ☒ Delete
NAME **PERKINS, INA**
STREET ADDRESS **2419 HIDDEN TRAIL DR.**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **TACK DALE** ☐ Change ☒ Addition
NAME **2378 HIDDEN TRAIL DRIVE**
STREET ADDRESS **SPRING HILL, FL 34606**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCGOLDRICK, JOHN**
STREET ADDRESS **2297 HIDDEN TRAIL DR.**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Delete
NAME **BRADLEY, CARMEL**
STREET ADDRESS **2423 HIDDEN TRAIL DR.**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **D** ☐ Change ☒ Addition
NAME **BOB SMITH**
STREET ADDRESS **2455 HIDDEN TRAIL DRIVE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **VD** ☐ Delete
NAME **COWART, JAMES**
STREET ADDRESS **6872 TIMBER PINES BOULEVARD**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **VD** ☒ Change ☐ Addition
NAME **TIM COWART**
STREET ADDRESS **2308 HIDDEN TRAIL DRIVE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **DP** ☒ Delete
NAME **OHLE, JOHN**
STREET ADDRESS **2378 HIDDEN TRAIL DR.**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **PD** ☐ Change ☒ Addition
NAME **ROBERTA CASTELLANI**
STREET ADDRESS **2324 HIDDEN TRAIL DRIVE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **D** ☐ Delete
NAME **COLTON, RANDOLPH**
STREET ADDRESS **2382 HIDDEN TRAIL DR.**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: *James L Cowart* **JAMES L. COWART** **17 MAY 05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40086810

Addition:

193000004835

Title:

Director

Name:

Shirley Hess

Street Address:

2451 Hidden Trail Drive

City, State, Zip:

Spring Hill, FL 34606