

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2006 90111 023 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3217555	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DRODGER, FRANKIE 6872 TIMBER PINES BOULEVARD SPRINGHILL, FL 34606				7. Name and Address of New Registered Agent Name DRODGER, FRANKIE 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 <i>Frankie Drodger</i> DATE <i>4/3/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</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	T OHLE, JACK 2378 HIDDEN TRAIL DRIVE SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D OHLE, JOHN S.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGOLDRICK, JOHN 2297 HIDDEN TRAIL DR. SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BOB 2455 HIDDEN TRAIL DRIVE SPRING HILL, FL 34606	<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	VP COWART, JAMES 2308 HIDDEN TRAIL DRIVE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DOIN STAFFORD 2343 HIDDEN TRAIL DR. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASTELLANI, ROBERTA 2324 HIDDEN TRAIL DRIVE SPRING HILL, FL 34606	<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	D COLTON, RANDOLPH 2382 HIDDEN TRAIL DR. SPRING HILL, FL 34606	<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: <i>John S. Ohle</i> DATE <i>4/3/06</i> DAYTIME PHONE # <i>352-686-2335</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40061978
#N93000004835

D
Hess, Shirley
2451 Hidden Trail Drive
Spring Hill, FL 34606

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#N93000004835



Division of Corporations

Annual Report

Annual Report Help

Document Number

N93000004835

Business Entity Name

COUNTRY RIDGE VILLAS OF TIMBER PINES, INC.

FEI Number

593217555

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 TD
Name (Last, First, Middle, Title) OHLE, JOHN, S,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2378 HIDDEN TRAIL DRIVE
City, State SPRING HILL, FL
Zip Code & Country 34606

Title VD
Name (Last, First, Middle, Title) MCGOLDRICK, JOHN,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2297 HIDDEN TRAIL DR.
City, State SPRING HILL, FL
Zip Code & Country 34606

Title D
Name (Last, First, Middle, Title) SMITH, BOB,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2455 HIDDEN TRAIL DRIVE
City, State SPRING HILL, FL
Zip Code & Country 34606

Title SD

Name (Last, First, Middle, Title)

STAFFORD

, DON

- OR -

Entity Name to serve as
Officer/Director

Street Address

2343 HIDDEN TRAIL DRIVE

City, State

SPRING HILL

, FL

Zip Code & Country

34606

Title

PD

Name (Last, First, Middle, Title)

CASTELLANI

, ROBERTA

- OR -

Entity Name to serve as
Officer/Director

Street Address

2324 HIDDEN TRAIL DRIVE

City, State

SPRING HILL

, FL

Zip Code & Country

34606

Title

D

Name (Last, First, Middle, Title)

COLTON

, RANDOLPH

- OR -

Entity Name to serve as
Officer/Director

Street Address

2382 HIDDEN TRAIL DR.

City, State

SPRING HILL

, FL

Zip Code & Country

34606

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.