

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2006 90111 031 \*\*\*\*61.25

**DOCUMENT # N94000001782**

1. Entity Name  
**OAK RIDGE VILLAGE OF TIMBER PINES, INC.**



Principal Place of Business  
**6872 TIMBER PINES  
SPRING HILL, FL 34606**

Mailing Address  
**6872 TIMBER PINES  
SPRING HILL, FL 34606**

40061970



2. Principal Place of Business  
**6872 TIMBER PINES BLVD.**

3. Mailing Address  
**6872 TIMBER PINES BLVD.**

Suite, Apt. #, etc.

City & State

Zip Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3291833**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**DROOGER, FRANKIE  
6872 TIMBER PINES BOULEVARD  
SPRING HILL, FL 34606**

7. Name and Address of New Registered Agent  
Name  
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, CAM Association Services Manager* DATE **3/31/06**

Signature, typed printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
Due by **May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D HANNUM, ROBERT 2239 CHERRY LAUREL LANE SPRING HILL, FL 34606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD YOUNG, NORMAN 8064 GREEN PINES TERRACE SPRING HILL, FL 34606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HALL, DONALD 8052 GREEN PINES TERRACE SPRING HILL, FL 34606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CARRELL, VINCENT 8038 GREEN PINES TERRACE SPRING HILL, FL 34606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WATSON, DONALD 8042 GREEN PINES TERR SPRING HILL, FL 34606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BITTER, KEN 8034 GREEN PINES TERRACE SPRING HILL, FL 34606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P POLITO, JAMES 2214 DOVE HOLLOW DRIVE SPRING HILL, FL 34606</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3P FLINT, ESTHER 2235 CHERRY LAUREL LANE SPRING HILL, FL 34606</b> <input type="checkbox"/> Change <input checked="" 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: *Esther J. Flint* **Esther J. Flint** **Treasurer** **4/20/06** **352-666-2335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**ATTACHMENT** 40061970  
#N94000001782  
**Division of Corporations**

**Annual Report**

Annual Report Help

Document Number

**N94000001782**

Business Entity Name

**OAK RIDGE VILLAGE OF TIMBER PINES, INC.**

FEI Number

**593291833**

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 BLVD.**

Suite, Apt. #, etc.

City, State

**SPRING HILL, FL**

Zip Code & Country **34606**

**Mailing Address**

Address

**6872 TIMBER PINES BLVD.**

Suite, Apt. #, etc.

City, State

**SPRING HILL, FL**

Zip Code & Country **34606**

**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

**ATTACHMENT**40061970  
# N94000001782

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 PD  
Name (Last, First, Middle, Title) YOUMANS, NORMAN, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 8064 GREEN PINES TERRACE  
City, State SPRING HILL, FL  
Zip Code & Country 34606

Title VD  
Name (Last, First, Middle, Title) CARELLI, VINCENT, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 8038 GREEN PINES TERRACE  
City, State SPRING HILL, FL  
Zip Code & Country 34606

Title D  
Name (Last, First, Middle, Title) RITTER, KEN, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 8034 GREEN PINES TERRACE  
City, State SPRING HILL, FL  
Zip Code & Country 34606

Title ST

**ATTACHMENT**

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Name (Last, First, Middle, Title)

FLINT

ESTHER

**- OR -**

Entity Name to serve as  
Officer/Director

Street Address

2235 CHERRY LAUREL LANE

City, State

SPRING HILL

FL

Zip Code & Country

34606

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.

Continue

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