FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:29

DOCUMENT # **N94000004870 (1)**

1. Corporation Name

LAKE OF THE PINES VILLAS OF TIMBER PINES, INC.

Principal Place of Business	Mailing Address
2368 FAIRSKIES DRIVE SPRING HILL FL 34606	2368 FAIRSKIES DRIVE SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1994
3a. Date of Last Report:
4. FEI Number: 59-3301986 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 6872 Timber Pines Boulevard
22: Suite, Apt. #, etc.
23: City & State: Spring Hill FL
24: Zip: 34606 25: County

2a. Mailing Address
26: 6872 Timber Pines Boulevard
27: Suite, Apt. #, etc.
28: City & State: Spring Hill FL
29: Zip: 34606 30: County

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARBER, NORMAN
2368 FAIRSKIES DR.
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name: Martins, John
82 Street Address (P.O. Box Number is Not Acceptable): 2368 Fairskies Dr
83:
84 City: Spring Hill FL 65 Zip Code: 34606

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John Martins JOHN Martins 4/29/95
(Typed or printed name of person signing) (Title) (Registered agent signature required if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94	
41 TITLE	DP	41 TITLE	☒ Change ☐ Addition
42 NAME	MARTINS, JOHN	42 NAME	
43 STREET ADDRESS	2368 FAIRSKIES DRIVE	43 STREET ADDRESS	
44 CITY ST ZIP	SPRING HILL FL 34606	44 CITY ST ZIP	
45 TITLE	DV	45 TITLE	☐ Change ☐ Addition
46 NAME	MILLER, DOROTHY	46 NAME	
47 STREET ADDRESS	2368 FAIRSKIES DRIVE	47 STREET ADDRESS	
48 CITY ST ZIP	SPRING HILL FL 34606	48 CITY ST ZIP	
49 TITLE	D	49 TITLE	☐ Change ☐ Addition
50 NAME	FERTIG, ROBERT F	50 NAME	
51 STREET ADDRESS	2368 FAIRSKIES DRIVE	51 STREET ADDRESS	
52 CITY ST ZIP	SPRING HILL FL 34606	52 CITY ST ZIP	
53 TITLE	ST	53 TITLE	☐ Change ☐ Addition
54 NAME	LUKASZEWSKI, JOHN J JR.	54 NAME	
55 STREET ADDRESS	2368 FAIRSKIES DRIVE	55 STREET ADDRESS	
56 CITY ST ZIP	SPRING HILL FL 34606	56 CITY ST ZIP	RECEIVED BY MAY 1
57 TITLE		57 TITLE	☐ Change ☐ Addition
58 NAME		58 NAME	
59 STREET ADDRESS		59 STREET ADDRESS	
60 CITY ST ZIP		60 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: John Martins John Martins Pres 4/29/95 704-683-8147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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