

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996.



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N94000004870 (1)

1. Corporation Name

LAKE OF THE PINES VILLAS OF TIMBER PINES, INC.

96 MAY 10 PM 3:00



Principal Place of Business

Mailing Address

6872 TIMBER PINES BOULEVARD
SPRING HILL FL 34606
US

6872 TIMBER PINES BOULEVARD
SPRING HILL FL 34606
US

3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-3301986

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINS, JOHN
2368 FAIRSKIES DR.
SPRING HILL FL 34606

81 Name
VAN DE WIELE, RICHARD

82 Street Address (P.O. Box Number is Not Acceptable)
7432 Woodhollow Rd.

83

84 City
SPRING HILL FL

85 Zip Code
34606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Richard VanDeWiele

Richard VanDeWiele

4/30/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MARTINS, JOHN
STREET ADDRESS 2368 FAIRSKIES DRIVE
CITY-ST-ZIP SPRING HILL FL 34606

1.1 TITLE DP
1.2 NAME VAN De Wiele, Richard
1.3 STREET ADDRESS 7432 Woodhollow Rd
1.4 CITY-ST-ZIP Spring Hill, FL 34606

TITLE DV
NAME MILLER, DOROTHY
STREET ADDRESS 2368 FAIRSKIES DRIVE
CITY-ST-ZIP SPRING HILL FL 34606

2.1 TITLE DV
2.2 NAME SIANO, ANTHONY
2.3 STREET ADDRESS 7387 Woodhollow Rd
2.4 CITY-ST-ZIP SPRING HILL, FL 34606

TITLE D
NAME FERTIG, ROBERT F
STREET ADDRESS 2368 FAIRSKIES DRIVE
CITY-ST-ZIP SPRING HILL FL 34606

3.1 TITLE D
3.2 NAME Oldstead, Kenneth
3.3 STREET ADDRESS 7436 Woodhollow Rd.
3.4 CITY-ST-ZIP Spring Hill, FL 34606

TITLE ST
NAME LUKASZEWSKI, JOHN J JR.
STREET ADDRESS 2368 FAIRSKIES DRIVE
CITY-ST-ZIP SPRING HILL FL 34606

4.1 TITLE ST
4.2 NAME D/ST
4.3 STREET ADDRESS Kody, IRV
4.4 CITY-ST-ZIP 7348 Woodhollow Rd.
Spring Hill FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
400001821294
-05/14/96--01133--004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
*******61.25 *****61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard VanDeWiele

4/30/96

*(352)
683-8447*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)