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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90121 011 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000004870**

1. Corporation Name

**LAKE OF THE PINES 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

10/03/1994

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

9. Name and Address of Current Registered Agent

VAN DE WIELE, RICHARD  
7432 WOODHOLLOW RD  
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name **KURTZ SUSAN R.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6872 TIMBER PINES BLVD**  
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:

Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**  
**VAN DE WIELE, RICHARD**  
STREET ADDRESS **7432 WOODHOLLOW RD**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ DELETE

NAME **VD**  
**SIANO, ANTHONY**  
STREET ADDRESS **7387 WOODHOLLOW RD**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ DELETE

NAME **D**  
**OLDSTEAD, KENNETH**  
STREET ADDRESS **7436 WOODHOLLOW RD**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 352-666-2335

Date

Daytime Phone #

CR2E037 (11/98)