

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90002 004 ****61.25

DOCUMENT # N94000004870					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3301986				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNCAN, SUE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name <u>FRANKIE DROOBER</u> Street Address (P.O. Box Number is Not Acceptable) <u>SAME</u> City <u>FL</u> 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 <u>Frankie Droober</u> Signature, typed or printed name of registered agent and title applicable.		SIGNATURE <u>FRANKIE DROOBER</u> (NOTE: Registered Agent signature required when reinstating)		DATE <u>5/16/05</u>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHLUMBOIM, JAMES 7379 WOODHOLLOW RD. SPRING HILL, FL 34606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUDZYNSKI, LEONARD 7401 WOODHOLLOW RD. SPRING HILL, FL 34606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAZZANO, JOHN 7350 WOODHOLLOW RD. SPRING HILL, FL 34606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONIDES, JAMES 7414 WOODHOLLOW RD. SPRING HILL, FL 34606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
12. 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 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 <u>James D. Schlumboim</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>20 MAY 2005</u> 332-666-6863			