


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90024 031 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01052007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3301986	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DROOGER, FRANKIE 6872 TIMBER PINES BLVD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DST SCHLUMBOHM, JAMES 7379 WOODHOLLOW RD. SPRING HILL, FL 34606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUDZYNSKI, LEONARD 7401 WOODHOLLOW RD. SPRING HILL, FL 34606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP RAZZANO, JOHN 7350 WOODHOLLOW RD. SPRING HILL, FL 34606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONIDES, JAMES 7414 WOODHOLLOW RD. SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, CHRIS 7431 WOODHOLLOW ROAD SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKS, ROBERT 7325 WOODHOLLOW ROAD SPRING HILL, FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PASSAGE, RAY 7435 WOODHOLLOW ROAD SPRING HILL, FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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: <u>James R. Schlumbohm</u> X 9 MAR 07 352-6666-2335 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					