

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90024 005 \*\*\*\*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**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

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**

**DROOGER, FRANKIE  
6872 TIMBER PINES BLVD  
SPRING HILL, FL 34606**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
SCHLUMBOHM, JAMES  
7379 WOODHOLLOW RD.  
SPRING HILL, FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BUDZYNSKI, LEONARD  
7401 WOODHOLLOW RD.  
SPRING HILL, FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
RAZZANO, JOHN  
7350 WOODHOLLOW RD.  
SPRING HILL, FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BROOKS, ROBERT  
2325 WOODHOLLOW ROAD  
SPRING HILL, FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PASSAGE, RAY  
7435 WOODHOLLOW ROAD  
SPRING HILL, FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JAMES D Schlumbohm**  
**4 JAN 08 352-666-2335**