


**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 <input type="checkbox"/> Not Applicable
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

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 _____ (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: James D Schlumbohm **JAMES D Schlumbohm**
 _____ **4 JAN 08** **352-666-2335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #