

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90111 025 ****61.25

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # N95000000586 1. Entity Name FOREST GLEN VILLAGE OF TIMBER PINES, INC. | | | | | |
| Principal Place of Business 6872 TIMBER SPRING HILL, FL 34606 US | | | Mailing Address 6872 TIMBER SPRING HILL, FL 34606 US | | |
| 2. Principal Place of Business <i>6872 TIMBER PINES BLVD</i> | | 3. Mailing Address <i>6872 TIMBER PINES BLVD</i> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3322918 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent DRODGER, FRANKIE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606 | | | 7. Name and Address of New Registered Agent Name <i>DRODGER, FRANKIE</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 <i>Frankie Drodger</i> <i>PAR Association Services Mgr</i> <i>3/27/06</i> <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, 2006 | | 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 | D QUIGLEY, JOHN 2243 SPRING MEADOW DR. SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>VP</i> GLEASON, JIM 2166 SPRINGMEADOW DR. SPRING HILL, FL 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WRIGHT, MARY J 2184 SPRING MEADOW DRIVE SPRING HILL, FL 34606 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LEAT, BETTY 2261 SPRING MEADOW DRIVE SPRING HILL, FL 34606 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COSTELLO, LOU 2220 SPRING MEADOW DR. SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>PLOTKIN, MURRAY</i> 2102 SPRINGMEADOW DR. SPRING HILL, FL 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PIFKO, STANLEY 2123 SPRING MEADOW DR. SPRING HILL, FL 34606 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTINEZ, FRANK 2059 SPRING MEADOW DR. SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>D</i> LEVESQUE, RON 2158 SPRINGMEADOW DR. SPRING HILL, FL 34606 <input type="checkbox"/> Change <input checked="" 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: <i>Elizabeth Leat</i> <i>Elizabeth Leat</i> <i>3-16-06</i> <i>6662335</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT

Addition:

D
Daniels, Scott
2120 Springmeadow Drive
Spring Hill, FL 34606

40061976

N95000000586



ATTACHMENT 40061976
#N95000000588
Division of Corporations

Annual Report[Annual Report Help](#)

Document Number

N95000000586

Business Entity Name

FOREST GLEN VILLAGE OF TIMBER PINES, INC.

FEI Number

593322918

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No**Principal Place of Business**

Address

6872 TIMBER PINES BLVD.

Suite, Apt. #, etc.

City, State

SPRING HILL**, FL**Zip Code & Country **34606** **US****Mailing Address**

Address

6872 TIMBER PINES BLVD.

Suite, Apt. #, etc.

City, State

SPRING HILL**, FL**Zip Code & Country **34606** **US****Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

DROOGER**, FRANKIE****- OR -**

Business to serve as RA

Address (PO Box is not acceptable) **6872 TIMBER PINES BLVD**

Suite, Apt. #, etc.

City, State

SPRING HILL**, FL**

Zip Code & Country

34606**US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title VD
Name (Last, First, Middle, Title) GLEASON, JIM, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2166 SPRINGMEADOW DR.
City, State SPRING HILL, FL
Zip Code & Country 34606

Title PD
Name (Last, First, Middle, Title) WRIGHT, MARY, J, ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2184 SPRINGMEADOW DRIVE
City, State SPRING HILL, FL
Zip Code & Country 34606

Title STD
Name (Last, First, Middle, Title) LEAT, BETTY, , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2261 SPRINGMEADOW DRIVE
City, State SPRING HILL, FL
Zip Code & Country 34606

Title D

ATTACHMENT

40061976
#N95000000586

Name (Last, First, Middle, Title)

PLOTKIN

MURRAY

- OR -

Entity Name to serve as
Officer/Director

Street Address

2102 SPRINGMEADOW DR.

City, State

SPRING HILL

, FL

Zip Code & Country

34606

Title

D

Name (Last, First, Middle, Title)

PIFKO

, STANLEY

- OR -

Entity Name to serve as
Officer/Director

Street Address

2123 SPRINGMEADOW DR.

City, State

SPRING HILL

, FL

Zip Code & Country

34606

Title

D

Name (Last, First, Middle, Title)

LEVESQUE

, RON

- OR -

Entity Name to serve as
Officer/Director

Street Address

2158 SPRINGMEADOW DR.

City, State

SPRING HILL

, FL

Zip Code & Country

34606

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.