

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2006 90111 038 \*\*\*\*61.25

<b>DOCUMENT # N96000005827</b>					
<b>1. Entity Name</b> WINDING OAKS VILLAGE OF TIMBER PINES, INC.					
<b>Principal Place of Business</b> 6872 TIMBER PINES BLVD SPRING HILL, FL 34606 US			<b>Mailing Address</b> 6872 TIMBER PINES BLVD SPRING HILL, FL 34606 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		40061300  	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006 Chg-NP CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 59-3411436	
Zip		Country		<b>Applied For</b> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
DROOGER, FRANKIE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<b>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.</b>					
SIGNATURE: <i>Frankie Drooger, CAM Association Services Manager</i> <span style="float: right;">3/27/06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROFFE, KEN 7225 ROSEMONT LANE SPRING HILL, FL 34606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PENNING, ROGER 7290 ROSEMONT LANE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3/T/D DUMOVICH, STANLEY 7236 ROSEMONT LANE SPRING HILL, FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WIEN, JOHN 7261 ROSEMONT LANE SPRING HILL, FL 34606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>Stanley Dumovich</i> <b>STANLEY DUMOVICH</b> <span style="float: right;">3/17/06 686-2335</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



**ATTACHMENT** 40061963  
#N96000005827  
**Division of Corporations**

**Annual Report**[Annual Report Help](#)

Document Number

**N96000005827**

Business Entity Name

**WINDING OAKS VILLAGE OF TIMBER PINES, INC.**

FEI Number

593411436

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection 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 &amp; Country 34606

US

**Mailing Address**

Address

6872 TIMBER PINES BLVD

Suite, Apt. #, etc.

City, State

SPRING HILL

, FL

Zip Code &amp; 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 &amp; 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

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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	PD
Name (Last, First, Middle, Title)	ROFFE, KEN, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address	7225 ROSEMONT LANE
City, State	SPRING HILL, FL
Zip Code & Country	34606

Title	STD
Name (Last, First, Middle, Title)	DUMOVICH, STANLEY, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address	7236 ROSEMONT LANE
City, State	SPRING HILL, FL
Zip Code & Country	34606

Title	VD
Name (Last, First, Middle, Title)	WIEN, JOHN, ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address	7261 ROSEMONT LANE
City, State	SPRING HILL, FL
Zip Code & Country	34606

Title