# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	AS OF LAKEWOOD ESTA				0	4-25-2006 9	0111 037 ****61.	25
Principal Plac 6872 TIMBE SPRING HILL	R PINES BLVD	Mailing Address 6872 TIMBER PINES B SPRING HILL, FL 3460			dhar		11 CB(   BB)   AB(B  16  B B   B B	1111 <b>1</b> 1 <b>2</b> 1 2 <b>33</b> 1
Principal Place of Business 3. Mail		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006	Chg-NP	CR2E037 (11/05)		
City & State		City & State		<del></del>	4. FEI Number 59-34412	77	<del> </del>	oplied For
Zìp	Country	Zip	Cou	ntry	5. Certificate of !	Status Desired	□ \$8.75 Add Fee Require	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New R	tegistered Agent	
DDODOE	S EDANIZIE			Name ARC	OGER, F	RANKIE		
6872 TIME	R, FRANKIE BER PINES BLVD IILL, FL 34606		}		s (P.O. Box Number is			
				City			FL Zip Cod	le
	named entity submits this statement to ions of registered agent.	LODAUL	PAN	7 Joseph	pered agent, or both, i	Secure of Fig.	orida. I am familiar with,	3/27/01
	Signature, typed or printed time of registered agent	and litte trapplicabil. (NOTI	E: Registered	d Agent signature requi	red when reinstating)		DATE	<u> </u>
	Signature, typed or printed one of registered agent Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund C	npaign Fi	inancing	\$5.00 May Be Added to Fees	1	DATE (lake check payable trida Department of S	
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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 chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617.

SIGNATURE: Fallelle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06 pate

666-233

Potricia A. Janson

Division of Corporations

ATTACHMENT 40061964
Page 1 of 4

Division of Corporations



# Annual Report

Annual Report Help

### Document Number N9700000866 Business Entity Name

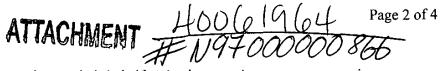
#### THE VILLAS OF LAKEWOOD ESTATES OF TIMBER PINES, INC

THE VILLAS OF LAN	TE MOOD ES	STATES OF THE	ABER PINES, INC.			
FEI Number		593441277				
FEI Number Status	● Listed Above ○ Applied For ○ Not Applica					
Certificate of Status Desired		○ Yes ② No \$8.75 each				
Election Campaign Financing Trust Fu	nd Contribution					
		ce of Business				
Address	6872 TIMBE	R PINES BLVD				
Suite, Apt. #, etc.						
City, State	SPRING HIL	L .	, FL			
Zip Code & Country	34606	US				
	Mailing	Address				
Address	_	R PINES BLVD				
Suite, Apt. #, etc.						
City, State	SPRING HIL	L ,	, FL			
Zip Code & Country	34606	US				
Name an	d Address	of Registered A	Agent			
Name (Last, First, Middle, Title)	DROOGER	FRANKIE				
- OR -			· · ·			
Business to serve as RA	*		· <del></del> ·· ·			
Address (PO Box is not acceptable	e) 6872 TIMBE	ER PINES BLVD				
Suite, Apt. #, etc.						
City, State	SPRING HI	LL	, 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

24/00

Division of Corporations



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)	EVEY	,JAMES , ,
- OR -	•	
Entity Name to serve as Officer/Director	1	
Street Address	7438 BRIDGEW	ATER LANE
City, State	SPRING HILL	, FL
Zip Code & Country	34606	
Title	PD	
Name (Last, First, Middle, Title)	RUFUS	EDWARD ,
- OR -		
Entity Name to serve as Officer/Director	. u	
Street Address	7472 BRIDGEW	ATER LANE
City, State	SPRING HILL	, FL
Zip Code & Country	34606	
Title	STD	
Name (Last, First, Middle, Title)	JANSON	, PATRICIA ,
- OR -		
Entity Name to serve as Officer/Director	•	
Street Address	7478 BRIDGEW	
City, State	SPRING HILL	, FL
Zip Code & Country	34606	
Title	<u>-</u>	
1 11 10*	1	