


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

04-25-2006 90111 037 \*\*\*\*61.25

<b>DOCUMENT # N97000000866</b> 1. Entity Name <b>THE VILLAS OF LAKEWOOD ESTATES 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3441277</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DRODGER, FRANKIE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606</b>				7. Name and Address of New Registered Agent Name <b>DRODGER, FRANKIE</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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> CAM Association Services Mgr 3/27/06 <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>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JENKS, LOREN 7426 BRIDGEWATER LANE SPRING HILL, FL 34606</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D JAMES EWEY 7438 BRIDGEWATER LANE SPRING HILL, FL 34606</b>
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RUFUS, EDWARD 7472 BRIDGEWATER LANE SPRING HILL, FL 34606</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST JANSON, PATRICIA 7478 BRIDGEWATER LANE SPRING HILL, FL 34606</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3/T/D</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input 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>Patricia A. Janson</i> 3/17/06 666-2335 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Patricia A. Janson*

**ATTACHMENT****Division of Corporations****Annual Report****Annual Report Help**

Document Number

**N97000000866**

Business Entity Name

**THE VILLAS OF LAKEWOOD ESTATES OF TIMBER PINES, INC.**

FEI Number

**593441277**

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 & 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 &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

**ATTACHMENT**40061964  
# N97000000866

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

Street Address	7438 BRIDGEWATER 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

Street Address	7472 BRIDGEWATER 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 BRIDGEWATER LANE
City, State	SPRING HILL, FL
Zip Code & Country	34606

Title