


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90024 015 ****61.25

DOCUMENT # N97000000866	
1. Entity Name THE VILLAS OF LAKEWOOD ESTATES OF TIMBER PINES, INC.	

Principal Place of Business 6872 TIMBER PINES BLVD SPRING HILL, FL 34606 US	Mailing Address 6872 TIMBER PINES BLVD SPRING HILL, FL 34606 US
---	---

DO NOT WRITE IN THIS SPACE



01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3441277	Applied For 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVEY, JAMES 7438 BRIDGEWATER LN SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CITTA, ANTHONY 7439 BRIDEWATER LANE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JANSON, PATRICIA 7478 BRIDGEWATER LANE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Patricia A. Janson* 1/22/08 Patricia A. Janson 352-666-2035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #