


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90003 040 ****61.25

DOCUMENT # N97000002098 1. Entity Name TALL PINES - GOLF VIEW MAINTENANCE ASSOCIATION OF TIMBER PINES, INC.					
Principal Place of Business 6872 TIMBER PINES BLVD SPRING HILL, FL 34606			Mailing Address 6872 TIMBER PINES BLVD SPRING HILL, FL 34606		
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 59-3467918	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DUNCAN, SUE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606				7. Name and Address of New Registered Agent Name FRANKIE DRODGER Street Address (P.O. Box Number is Not Acceptable) SAME City FL 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> Signature, typed or printed name of registered agent and title (applicable).		FRANKIE DRODGER (NOTE: Registered Agent signature required when reinstating)		5/17/05 DATE	
Filing Fee is \$61.25 Due by September 7, 2005		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	D <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STUMP, GREGORY	NAME	2487 MISTY MEADOW COURT		
STREET ADDRESS	6872 TIMBER PINES BLVD	STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STUMP, GREGORY	NAME			
STREET ADDRESS	6872 TIMBER PINES BOULEVARD	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEHRHEIM, ALBERT	NAME	8144 SUBARBUSH DRIVE		
STREET ADDRESS	6872 TIMBER PINES BLVD	STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEDDEN, LORELEI	NAME			
STREET ADDRESS	3136 QUAIL HOLLOW COURT	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOE, RICHARD	NAME	8320 SUBARBUSH DRIVE		
STREET ADDRESS	6872 TIMBER PINES BLVD	STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Gregory E Stump</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		GREGORY STUMP Date		5/27/05 Daytime Phone #	