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

DOCUMENT # N97000002098



FILED Apr 25, 2006 8:00 am Secretary of State 04-25-2006 90111 036 ****61.25

1. Entity Nam TALL PIN OF TIMB	IES - GOI	LF VIEW MAINTE S, INC.	NANCE	ASSOCIATIO	NC								
6872 TIMBER PINES BLVD 68			6872	Mailing Address 6872 TIMBER PINES BLVD SPRING HILL, FL 34606				₫ <i>ስስል</i> አኅ <u></u>					
2. Principal P	Place of Busin	ess	3. Mail	ing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			7	1092006	Chg-NP	CR	2E037 (1	1/05)	
City & Stat	te		Cit	City & State		4	. FEI Numbe 59-346			_		pplied For of Applicable	
Zip		Country	Zip	>	Сои	ntry	5	. Certificate	of Status Des	ired 📋		75 Add Require	
		and Address of Current	Registere	d Agent		Name	7.	Name and	Address of 1	New Registe	red Agen	t	
DROOGER, FRANKIE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606						Street Addre	ess (P.O	(P.O. Box Number is Not Acceptable)					
	, -					City						Zip Code	e
8. The above	named entity	y submits this statement for	or the purp	ose of changing its	registere		gistered :	agent, or bot	h, in the State		<u> FL</u>		
the obligat	tions of region	ered agent.		0.0	Ω	,		g.	`.	\mathcal{L}		3/27	Me
SIGNATURE	Stgnalure, typed	or printed name of registered agen	QQLL tand (le if app	igable. (NOTE	E. Registered	Agent signature rea	ALD T	n reinstating)	wees.	/Y /W/	ATE OF	u	
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	_	e is \$61.25 lay 1, 2006	1	9. Election Can Trust Fund C				5.00 May B ded to Fees	e	Make c Florida D	heck pay epartmer		
10.	Due by M		RECTORS	Trust Fund C	Contribution 11.	on, 🔲	Ad	ded to Fees	e ANGES TO O	Florida D	epartmer	ORS IN	1 10
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SIGNATURE:

Division of Corporations

ATTACHMENT 40061965 # N9700002 Division of Corporations



Annual Report

Annual Report Help

Document Number N97000002098

Business Entity Name

TALL PINES - GOLF VIEW MAINTENANCE ASSOCIATION OF TIMBER PINES, INC.

FEI Number			593467918			
FE! Number Status						
Certificate of Status Desired			O Yes No	\$8.75 each		
Election Campaig	n Financing Trust F	Fund Contribution	O Yes No			
	F	Principal Pla	ce of Busines	s		
	Address	6872 TIMBE	R PINES BLVD			
	Suite, Apt. #, etc.					
	City, State Zip Code & Count		L	, FL		
		Mailing	Address			
	Address	6872 TIMBE	R PINES BLVD			
	Suite, Apt. #, etc.					
	City, State	SPRING HIL	L	, FL		
	Zip Code & Coun	try 34606				
	Name a	and Address	of Registered	l Agent		

Name (Last, First, Middle, Title)	DROOGER FRA	ANKIE , ,
- OR -		
Business to serve as RA		
	TWO MAKE IN THE SECOND STATE OF THE SECOND STA	
Address (PO Box is not acceptable	e) 6872 TIMBER PINES BL	VD
Suite, Apt. #, etc.		
City, State	SPRING HILL	, FL
Zip Code & Country	34606 IIS	

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

Division of Corporations

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registered agent. RA signature must be an individual name. If the RA is a business 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.

	address on an attachment.						
Title	STD						
Name (Last, First, Middle, Title)	WEHRHEIM	ALBERT	, ,				
- OR -							
Entity Name to serve as Officer/Director	i						
Street Address	8144 SUGARBU	SH DRIVE					
City, State	SPRING HILL	. FL					
Zip Code & Country	34606						
Title	VD						
Name (Last, First, Middle, Title)	MCMASTER	, BARBARA	, , , ,				
- OR - Entity Name to serve as Officer/Director							
Street Address	8272 SUGARBU	SH DRIVE					
City, State	SPRING HILL	, FL					
Zip Code & Country	34606						
Title	PD						
Name (Last, First, Middle, Title)	MOE	, RICHARD	, ,				
- OR -							
Entity Name to serve as Officer/Director	:						
Street Address	8320 SUGARBU	SH DRIVE					
City, State	SPRING HILL	FL .					
Zip Code & Country	34606						