

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90005 045 ****61.25

DOCUMENT # N99000003363

1. Entity Name

TIMBER PINES COMPUTERS CLUB, 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

58-2409979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORRINGHAM, J. ERIC
7417 PARADISE PINE CT
SPRING HILL FL 34606**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

J. Eric Corringham, PRES.
J. Eric Corringham

10 May, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CORRINGHAM, ERIC J	
STREET ADDRESS	7414 PARADISE PINE CT	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAACKE, ROBERT R	
STREET ADDRESS	7404 BLUE SKIES DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HUDDART, ANN	
STREET ADDRESS	2200 BROADMOOR LANE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAHL, ROBERT	
STREET ADDRESS	7045 SPARKLING CREEK COURT	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAZAN, MORRIS	
STREET ADDRESS	6524 PINE MEADOWS DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEVINE, JOAN	
STREET ADDRESS	3024 EAGLE BEND ROAD	
CITY-ST-ZIP	SPRING HILL FL 34606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	1	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	2	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hadrick, Richard	
STREET ADDRESS	7422 Baywood Forest Circle	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Busch, Fred. E.	
STREET ADDRESS	2248 Country Ridge Lane	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Leo	
STREET ADDRESS	6625 Bramble Leaf Drive	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Devine, Joan	
STREET ADDRESS	3024 Eagle Bend Road	
CITY-ST-ZIP	Spring Hill, FL 34606	

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:

J. Eric Corringham, PRES.
J. Eric Corringham

5/12/04

1-352-686-9311

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000003363

1. Entity Name

TIMBER PINES COMPUTERS CLUB, INC.



Attachment
#44045690

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SPRING HILL FL 34606

Mailing Address

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SPRING HILL FL 34606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MOORE

CR2E037 (11/03)

City & State

City & State

4. FEI Number

58-2409979

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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SPRING HILL FL 34606

Name

Street Address (P.O. Box Number is Not Acceptable)

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10 May 2004

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Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Davidson, Blaine
STREET ADDRESS		STREET ADDRESS	2443 Grandfather Mountain
CITY-ST-ZIP		CITY-ST-ZIP	7 Spring Hill, FL 34606
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Murphy, Martin
STREET ADDRESS		STREET ADDRESS	2663 Hidden Pines Drive
CITY-ST-ZIP		CITY-ST-ZIP	8 Spring Hill, FL 34606
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	
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	
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	
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)(l), 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:

J. Eric Corringham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/04 186-9311

Date

Daytime Phone #