

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763642

Entity Name: PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6872 TIMBER PINES BLVD.
SPRING HILL, FL 34606**Current Mailing Address:**6872 TIMBER PINES BLVD.
SPRING HILL, FL 34606 US**FEI Number:** 59-2209023**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TIMBER PINES COMMUNITY ASSOCIATION
6872 TIMBER PINES BOULEVARD
SPRING HILL, FL 34606 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name SPENCER, DIANE
Address 6872 TIMBER PINES BLVD.
City-State-Zip: SPRING HILL FL 34606

Title D
Name ELASHIK, JOHN
Address 6872 TIMBER PINES BLVD.
City-State-Zip: SPRING HILL FL 34606

Title TREASURER, DIRECTOR
Name FELTON, DAVID
Address 6872 TIMBER PINES BLVD.
City-State-Zip: SPRING HILL FL 34606

Title D
Name HARRING, JOY
Address 6872 TIMBER PINES BLVD.
City-State-Zip: SPRING HILL FL 34606

Title VD
Name MCKENNA, DANIEL
Address 6872 TIMBER PINES BLVD.
City-State-Zip: SPRING HILL FL 34606

Title SECRETARY, DIRECTOR
Name CONANT, THOMAS
Address 6872 TIMBER PINES BLVD.
City-State-Zip: SPRING HILL FL 34606

Title DIRECTOR
Name TRAPPENBURG, PIETER
Address 6872 TIMBER PINES BLVD.
City-State-Zip: SPRING HILL FL 34606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANE SPENCER**PRESIDENT****03/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date