

**2015 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	JOHNSON, GARY
Address	2054 WOODCUTTER CT.
City-State-Zip:	SPRING HILL FL 34606

Title	D
Name	ELASHIK, JOHN
Address	2109 POINT O' WOODS COURT
City-State-Zip:	SPRING HILL FL 34606

Title	D
Name	RITONIA, MARY
Address	2152 FORESTER WAY
City-State-Zip:	SPRING HILL FL 34606

Title	D
Name	CARROLL, BRIAN
Address	6357 NATURE PRESERVE LANE
City-State-Zip:	SPRING HILL FL 34606

Title	VD
Name	ELLIOTT, GARY
Address	6482 NATURE PRESERVE LANE
City-State-Zip:	SPRING HILL FL 34606

Title	D
Name	SPENCER, DIANE
Address	6470 NATURE PRESERVE LANE
City-State-Zip:	SPRING HILL FL 34606

Title	STD
Name	DUNLAP, JAMES
Address	6456 NATURE PRESERVE LANE
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:** GARY JOHNSON**PRESIDENT****03/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date