

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33967

**Entity Name:** CASTLE PINES VILLAGE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 25, 2020**  
**Secretary of State**  
**6559139487CC**

**Current Principal Place of Business:**

6872 TIMBER PINES BLVD.  
SPRING HILL, FL 34606

**Current Mailing Address:**

6872 TIMBER PINES BLVD.  
SPRING HILL, FL 34606

**FEI Number: 59-2950759**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TIMBER PINES COMMUNITY ASSOCIATION  
6872 TIMBER PINES BLVD.  
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: FRANKIE DROOGER**

**03/25/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY/TREASURER  
Name SUDLER, AUDRE  
Address 6872 TIMBER PINES BLVD.  
City-State-Zip: SPRING HILL FL 34606

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

Title PRESIDENT  
Name JACKSON, ELLIOTT  
Address 6872 TIMBER PINES BLVD.  
City-State-Zip: SPRING HILL FL 34606

Title VP  
Name OGDEN, ROBERT  
Address 6872 TIMBER PINES BLVD.  
City-State-Zip: SPRING HILL FL 34606

Title DIRECTOR  
Name MCBRIDE, DANIEL  
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: ELLIOTT JACKSON**

**PRESIDENT**

**03/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date