

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N94000000705

**Entity Name:** TIMBER GREENS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

6333 TIMBER GREENS BLVD.  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

6333 TIMBER GREENS BLVD.  
NEW PORT RICHEY, FL 34655 US

**FEI Number:** 59-3238342

**Certificate of Status Desired:** No

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

DINGUS, RICHARD D.  
6333 TIMBER GREENS BOULEVARD  
NEW PORT RICHEY, FL 34655 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:** RICHARD D. DINGUS

03/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           WOLFE, STEVEN P.  
Address        6333 TIMBER GREENS BLVD.  
City-State-Zip: NEW PORT RICHEY FL 34655

Title           VP  
Name           GUSTAFSON, JAMES  
Address        6333 TIMBER GREENS BLVD.  
City-State-Zip: NEW PORT RICHEY FL 34655

Title           DIRECTOR  
Name           COOLEY, DEBRA D  
Address        6333 TIMBER GREENS BOULEVARD  
City-State-Zip: NEW PORT RICHEY FL 34655

Title           PRESIDENT  
Name           ABRAMOWICH, MICHAEL A  
Address        6333 TIMBER GREENS BLVD  
City-State-Zip: NEW PORT RICHEY FL 34655

Title           DIRECTOR  
Name           ZORN, PATRICIA  
Address        6333 TIMBER GREENS BLVD.  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** MICHAEL ABRAMOWICH

PRESIDENT

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date