

**2019 FLORIDA NOT FOR PROFIT CORPORATION 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

03/26/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            DIRECTOR  
Name            O'BRIEN, JAMES  
Address        6333 TIMBER GREENS BLVD.  
City-State-Zip: NEW PORT RICHEY FL 34655

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

Title            DIRECTOR  
Name            GORDON, NEDRA M.  
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:** STEVEN P. WOLFE

PRESIDENT

03/26/2019

Electronic Signature of Signing Officer/Director Detail

Date