## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000705

Entity Name: TIMBER GREENS COMMUNITY ASSOCIATION, INC.

**FILED** Mar 08, 2024 **Secretary of State** 2516365914CC

## **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 03/08/2024

> Date Electronic Signature of Registered Agent

> > Title

Officer/Director Detail:

Title **TREASURER** Title VΡ

WOLFE, STEVEN P. Name Name GUSTAFSON, JAMES

6333 TIMBER GREENS BLVD. Address 6333 TIMBER GREENS BLVD. Address City-State-Zip: NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655 City-State-Zip:

**PRESIDENT** Title DIRECTOR Name

ABRAMOWICH, MICHAEL A Name COOLEY, DANE D Address 6333 TIMBER GREENS BLVD Address 6333 TIMBER GREENS BOULEVARD NEW PORT RICHEY FL 34655 City-State-Zip:

City-State-Zip: NEW PORT RICHEY FL 34655

Title **DIRECTOR** ZORN, PATRICIA Name

6333 TIMBER GREENS BLVD. Address NEW PORT RICHEY FL 34655 City-State-Zip:

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** 

03/08/2024