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: DAVID HOWLAND

Electronic Signature of Signing Officer/Director Detail

Entity Name: LAKE OF THE PINES VILLAS OF TIMBER PINES, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **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

DOCUMENT# N94000004870

# FEI Number: 59-3301986

# Name and Address of Current Registered Agent:

Electronic Signature of 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:

### **Officer/Director Detail :** Title PD Title VD HOWLAND, DAVID Name BOSLEY, CHARLES Name 7450 WOODHOLLOW ROAD Address 7415 WOODHOLLOW ROAD Address City-State-Zip: SPRING HILL FL 34606 SPRING HILL FL 34606 City-State-Zip: Title STD Name MCGOVNEY, GAIL Address 7432 WOODHOLLOW ROAD City-State-Zip: SPRING HILL FL 34606

FILED

# Certificate of Status Desired: No

03/20/2015 Date

Date

# Mar 20, 2015 Secretary of State CC8157946390

PRESIDENT