

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761562

Entity Name: TIMBER PINES COMMUNITY ASSOCIATION, INC.**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**FEI Number:** 59-2155799**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SETELIUS, LYNN
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name THOMPSON, MICHAEL
Address 6872 TIMBER PINES BLVD
City-State-Zip: SPRING HILL FL 34606

Title VP
Name HOGGINS, LYNN M
Address 6872 TIMBER PINES BLVD
City-State-Zip: SPRING HILL FL 34606

Title DIRECTOR
Name MURPHY, MICHAEL J
Address 6872 TIMBER PINES BLVD
City-State-Zip: SPRING HILL FL 34606

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

Title TREASURER
Name RUTH, MEIKLE
Address 6872 TIMBER PINES BLVD.
City-State-Zip: SPRING HILL FL 34606

Title SECRETARY
Name SKALKOWSKI, JAMES H
Address 6872 TIMBER PINES BLVD.
City-State-Zip: SPRING HILL FL 34606

Title DIRECTOR
Name KASPER, CLAUDETTE
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: MICHAEL THOMPSON**PRESIDENT****03/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date