

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763642

Entity Name: PINEGROVE VILLAGE HOMEOWNERS 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:** 59-2209023**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TIMBER PINES COMMUNITY ASSOCIATION
6872 TIMBER PINES BOULEVARD
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 PD
Name ELLIOTT, GARY
Address 6482 NATURE PRESERVE LANE
City-State-Zip: SPRING HILL FL 34606

Title D
Name ELASHIK, JOHN
Address 2109 POINT O' WOODS COURT
City-State-Zip: SPRING HILL FL 34606

Title D
Name FELTON, DAVID
Address 6426 NATURE PRESERVE LANE
City-State-Zip: SPRING HILL FL 34606

Title D
Name HARRING, JOY
Address 6394 NATURE PRESERVE LANE
City-State-Zip: SPRING HILL FL 34606

Title VD
Name SPENCER, DIANE
Address 6470 NATURE PRESERVE LANE
City-State-Zip: SPRING HILL FL 34606

Title D
Name CONANT, THOMAS
Address 2063 WOODCUTTER COURT
City-State-Zip: SPRING HILL FL 34606

Title STD
Name DUNLAP, JAMES
Address 6456 NATURE PRESERVE LANE
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: GARY ELLIOTT**PRESIDENT****03/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date