

2020 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	D
Name	FELTON, DAVID
Address	6872 TIMBER PINES BLVD.
City-State-Zip:	SPRING HILL FL 34606

Title	S/T
Name	HARRING, JOY
Address	6872 TIMBER PINES BLVD.
City-State-Zip:	SPRING HILL FL 34606

Title	VP
Name	HORN, AMELIA
Address	6872 TIMBER PINES BLVD.
City-State-Zip:	SPRING HILL FL 34606

Title	D
Name	KING, TERRANCE
Address	6872 TIMBER PINES BLVD.
City-State-Zip:	SPRING HILL FL 34606

Title	P
Name	HAYES, JANIS
Address	6872 TIMBER PINES BLVD.
City-State-Zip:	SPRING HILL FL 34606

Title	D
Name	PISANO, JOHN
Address	6872 TIMBER PINES BLVD.
City-State-Zip:	SPRING HILL FL 34606

Title	D
Name	KELLER, MICHAEL
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: JANIS HAYES**PRESIDENT****03/25/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date