## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 763642** 

Entity Name: PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 23, 2015
Secretary of State
CC2803801937

Date

Date

## **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

Officer/Director Detail:

Title PD Title VD

Name JOHNSON, GARY Name ELLIOTT, GARY

Address 2054 WOODCUTTER CT. Address 6482 NATURE PRESERVE LANE

City-State-Zip: SPRING HILL FL 34606 City-State-Zip: SPRING HILL FL 34606

Title D Title D

Name ELASHIK, JOHN Name SPENCER, DIANE

Address 2109 POINT O' WOODS COURT Address 6470 NATURE PRESERVE LANE

City-State-Zip: SPRING HILL FL 34606 City-State-Zip: SPRING HILL FL 34606

Title D Title STD

Name RITONIA, MARY Name DUNLAP, JAMES

Address 2152 FORESTER WAY Address 6456 NATURE PRESERVE LANE

City-State-Zip: SPRING HILL FL 34606 City-State-Zip: SPRING HILL FL 34606

Title D

Name CARROLL, BRIAN

Address 6357 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 JOHNSON PRESIDENT 03/23/2015