

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47499

**FILED**  
**Mar 22, 2019**  
**Secretary of State**  
**0202574404CC**

**Entity Name:** PINE LAKE VILLAGE OF TIMBER PINES, 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:** 59-3113972

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title STD  
Name DIOGUARDI, CAROL  
Address 6872 TIMBER PINES BLVD.  
City-State-Zip: SPRING HILL FL 34606

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

Title DIRECTOR  
Name GILPIN, KIM  
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:** ROY GONYON

**PRESIDENT**

**03/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date