

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728978

Entity Name: THOUSAND PINES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O THOMAS GARY
13044 SW 108 AVE
MIAMI, FL 33176**Current Mailing Address:**C/O THOMAS GARY
13044 SW 108 AVE
MIAMI, FL 33176 US**FEI Number: 59-1708472****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REHR, MICHAEL EESQ.
9500 SOUTH DADELAND BLVD.
SUITE 550
MIAMI, FL 33156 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	SECRETARY
Name	FURGANG, FRED
Address	12824 SW 108 AVE
City-State-Zip:	MIAMI FL 33176

Title	TREASURER
Name	YABLONSKY, JACKIE
Address	12904 SW 108 AVE
City-State-Zip:	MIAMI FL 33176

Title	DIRECTOR
Name	ACOSTA, PABLO
Address	13105 SW 108 AVE
City-State-Zip:	MIAMI FL 33176

Title	VP
Name	GENTLE, JOHN
Address	13005 SW 108 AVE
City-State-Zip:	MIAMI FL 33176

Title	PRESIDENT
Name	GARY, THOMAS
Address	13044 SW 108 AVE
City-State-Zip:	MIAMI FL 33176

Title	DIRECTOR
Name	MUSCAT, PHILLIP
Address	13005 SW 107TH COURT
City-State-Zip:	MIAMI FL 33176

Title	DIRECTOR
Name	MORGAN, PATTI
Address	13104 SW 107TH COURT
City-State-Zip:	MIAMI FL 33176

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: THOMAS GARY**PRESIDENT****01/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date