

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728978

Entity Name: THOUSAND PINES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O MARIO QUINTERO JR.
13104 SW 108 AVE
MIAMI, FL 33176**Current Mailing Address:**C/O MARIO QUINTERO JR.
13104 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	TRUEBA, BETTY
Address	12905 SW 107 COURT
City-State-Zip:	MIAMI FL 33176

Title	TREASURER
Name	ACOSTA, PABLO J.
Address	13105 SW 108 AVENUE
City-State-Zip:	MIAMI FL 33176

Title	PRESIDENT
Name	QUINTERO , MARIO JR.
Address	13104 SW 108 AVE
City-State-Zip:	MIAMI FL 33176

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

Title	DIRECTOR
Name	WILLIAMSON, MARYANNE
Address	12805 SW 108 AVENUE
City-State-Zip:	MIAMI FL 33176

Title	VP
Name	FURGANG, FRED DR.
Address	12824 SW 108 AVENUE
City-State-Zip:	MIAMI FL 33176

Title	DIRECTOR
Name	SILVERMAN, MICHAEL
Address	10805 SW 128 TERRACE
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: PABLO ACOSTA

TREASURER

01/10/2017

Electronic Signature of Signing Officer/Director Detail_____
Date