

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747524

Entity Name: PINE ISLAND CANAL MOBILE HOME IMPROVEMENT ASSOCIATION, INC.**Current Principal Place of Business:**1624 BASS AVENUE
SEVILLE, FL 32190**Current Mailing Address:**PO BOX 112
SEVILLE, FL 32190**FEI Number: 59-0388034****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BAILEY, CHARLES L
303 S PROSPECT ST
CRESCENT CITY, FL 32112 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:** CHARLES L BAILEY**03/12/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ALDRICH, ROLAND
Address 1636 BASS AV
City-State-Zip: SEVILLE FL 32190

Title D
Name LONGWAY, DARWIN
Address 1621 BASS AVENUE
City-State-Zip: SEVILLE FL 32190

Title D
Name MELIA, ANITA
Address 1606 BREAM AVENUE
City-State-Zip: SEVILLE FL 32190

Title VP
Name ENGEL, BONNIE
Address 1677 BASS DRIVE
City-State-Zip: SEVILLE FL 32190

Title D
Name MCCUE, BILL
Address 1604 BREAM DR.
City-State-Zip: SEVILLE FL 32190

Title D
Name WILSON, KEN
Address 1642 BREAM DR.
City-State-Zip: SEVILLE FL 32190

Title TREASURER
Name BAILEY, CHARLES
Address 303 S PROSPECT ST
City-State-Zip: CRESCENT CITY FL 32112

Title SECRETARY
Name ALDRIDGE, SHERYL
Address 1636 BASS AVE
City-State-Zip: SEVILLE FL 32190

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: CHARLES BAILEY**TREASURER****03/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date