2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2019
Secretary of State
8285696966CC

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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: 83-1779985

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 03/03/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	DIRECTOR
Name	CRUTCHFIELD, TONY
Address	1614 BREAM DR
City-State-Zip:	SEVILLE FL 32190

Title	DIRECTOR
Name	MCCUE, BILL
Address	1604 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	DIRECTOR
Name	LONGWAY, DARWIN
Address	1621 BASS AVENUE
City-State-Zip:	SEVILLE FL 32190

Title	VP
Name	LUCZYNSKI, BETTI
Address	1609 BASS AVE
City-State-Zip:	SEVILLE FL 32190

Title	DIRECTOR
Name	JOHNSON, HAROLD
Address	1619 BASS AVE
City-State-Zip:	SEVILLE FL 32190

Title	SECRETARY
Name	LONGWAY, KAREN
Address	1621 BASS AVE.
City-State-Zip:	SEVILLE FL 32190

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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 03/03/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP, 2ND
Name	JOHNSON, LINDA
Address	1619 BASS AVE.
City-State-Zip:	SEVILLE FL 32190

Title	DIRECTOR
Name	JOHNSON, DALE
Address	PO BOX 8
City-State-Zip:	SEVILLE FL 32190