

2015 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:**HOERL, MARSHALL T,D
1681 BASS AVENUE
SEVILLE, FL 32190 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 P
Name OXIER, STEVE
Address 1681 BASS AVENUE
City-State-Zip: SEVILLE FL 32190

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

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

Title D
Name ALDRIDGE, ROLAND
Address 1636 BASS AVENUE
City-State-Zip: SEVILLE FL 32190

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

Title D
Name HOERL, MARSHALL
Address 1681 BASS AVENUE
City-State-Zip: SEVILLE FL 32190

Title D
Name JORDAN, BILL
Address 1638 BREAM DR.
City-State-Zip: SEVILLE FL 32190

Title VP
Name KLINK, PAULA
Address 1659 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: MARSHALL HOERL

T,D

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	D
Name	BRIDGES, MAURICE
Address	1647 BASS AVE.
City-State-Zip:	SEVILLE FL 32190