

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748558

Entity Name: THE PINES OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1400 NEBRASKA AVE.
FT PIERCE, FL 34950**Current Mailing Address:**1400 NEBRASKA AVE.
FT PIERCE, FL 34950 US**FEI Number:** 59-2167724**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCARTY, JAMES HJR
4131 NW 28TH LANE
SUITE 7
GAINESVILLE, FL 32606 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	D
Name	QUINTAO, LUDMILLA
Address	1400 NEBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950

Title	SD
Name	BURDGE, ROBERT
Address	1400 NEBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950

Title	PD
Name	ODOM, CATHY
Address	1400 NEBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950

Title	TD
Name	CRESWELL, ROBERT
Address	1400 NWBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950

Title	D
Name	CREEL, RUBY
Address	1400 NEBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950

Title	VD
Name	PETERSON, DOROTHY
Address	1400 NEBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950

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: CATHY ODOM**PRESIDENT****04/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date