

**2023 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:**1400NEBRASKA AVE.  
FORT PIERCE, FL 34950 US**FEI Number:** 59-2167724**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORNETT, JANE L  
759 SW FEDERAL HIGHWAY  
SUITE 213  
STUART, FL 34994 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:** JANE CORNETT**03/28/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	MCAULIFFE, ETHAN
Address	1400NEBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950

Title	VP, DIRECTOR
Name	ODOM, CATHERINE
Address	1400NEBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950

Title	TREASURER, DIRECTOR
Name	FOX, BARBARA
Address	1400NEBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950

Title	SECRETARY, DIRECTOR
Name	MCCUTCHEN, PERRY
Address	1400NEBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950

Title	DIRECTOR
Name	COLLINS, KAREN
Address	1400NEBRASKA AVE.
City-State-Zip:	FORT PIERCE FL 34950

Title	DIRECTOR
Name	GEORGE, WHITNEY
Address	1400NEBRASKA 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:** CATHERINE ODOM**V.P****03/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date