

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759512

Entity Name: PINE ISLAND HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**719 PINE SHORES CIRCLE
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**719 PINE SHORES CIRCLE
NEW SMYRNA BEACH, FL 32168**FEI Number:** 59-2742258**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAGE, JACK
733 PINE SHORES CIRCLE
NEW SMYRNA BCH., FL 32168 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/P
Name	PAGE, JACK
Address	733 PINE SHORES CIRCLE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	TREASURER
Name	HAYES, BARBARA
Address	731 PINE SHORES CIRCLE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	DIRECTOR
Name	SPEER, LOIS
Address	830 PINE SHORES CIRCLE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	D, VP
Name	ANDERSON, PAM
Address	813 PINE SHORES CIRCLE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	DIRECTOR
Name	GRETHER, DIANE
Address	744 PINE SHORES CIRCLE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

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: JACK PAGE**PRESIDENT****02/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date