

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759695

**Entity Name:** LONE PINE ESTATES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4371 NORTHLAKE BLVD. #301  
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**4371 NORTHLAKE BLVD. #301  
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 90-0113615**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LONE PINE ESTATES HOMOWERS ASSOCIATION INC  
4371 NORTHLAKE BLVD. #301  
PALM BEACH GARDENS, FL 33410 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:** SUSAN M BROWN

02/07/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR / AT-LARGE  
Name BAKER-HUGHES, ROCHELLE  
Address 206 LOCHMORE ROAD  
City-State-Zip: WEST PALM BEACH FL 33407

Title SECRETARY  
Name WALKER, ODESSA  
Address 210 LOCHMORE ROAD  
City-State-Zip: WEST PALM BEACH FL 33407

Title PRESIDENT, ACTING TREASUER  
Name BLACKSHEAR, CLARISSA  
Address 310 CANTERBURY DRIVE WEST  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name RODGERS, GREGORY  
Address 2545 DORAL WAY  
City-State-Zip: RIVIERA BEACH FL 33407

Title DIRECTOR/ AT-LARGE  
Name MCGEE, MARY  
Address 2511 MANKI DRIVE  
City-State-Zip: RIVIERA BEACH FL 33407

*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:** CLARISSA BLACKSHEAR

PRESIDENT

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date