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. SECRETARY TREASURER 04/17/2024 SIGNATURE: JM OLIVERI

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address: 17101 PORTER AVE PO BOX 560421 MONTVERDE, FL 34756-0623 US

FEI Number: 33-1147556

Name and Address of Current Registered Agent:

OLIVERI, JM 17101 PORTER AVE PO BOX 560421 MONTVERDE, FL 34756-0623 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	E: JM OLIVERI			04/17/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	SCHWARZ, WERNER R	Name	MUNIZ, FRANCISCO	
Address	17101 PORTER AVE PO BOX 560421	Address	17101 PORTER AVE PO BOX 560421	
City-State-Zip:	MONTVERDE FL 34756-0623	City-State-Zip:	MONTVERDE FL 34756-0623	
Title	SECRETARY			
Name	OLIVERI, JM			
Address	17101 PORTER AVE PO BOX 560421			
City-State-Zip:	MONTVERDE FL 34756-0623			

Certificate of Status Desired: No

FILED Apr 17, 2024 Secretary of State 7717361256CC

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006838

Entity Name: THE PINES OF MONTVERDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

17101 PORTER AVE PO BOX 560421 MONTVERDE, FL 34756-0623