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

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: JM OLIVERI

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			04/26/2023
	Electronic Signature of Registered Agent			Date
Officer/Director 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			

## PO BOX 560421

**Current Principal Place of Business:** 

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

# **Current Mailing Address:**

# 17101 PORTER AVE MONTVERDE, FL 34756-0623 US

### 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0400006838

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

Apr 26, 2023 Secretary of State 8675142368CC

FILED

Certificate of Status Desired: No

Date

SECRETARY TREASURER 04/26/2023