

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008213

**FILED**  
**Feb 19, 2013**  
**Secretary of State**  
**CC8495629660**

**Entity Name:** HINES PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2806 W US 90  
SUITE 101  
LAKE CITY, FL 32055

**Current Mailing Address:**

PO BOX 3659  
LAKE CITY, FL 32056

**FEI Number:** 20-8751729

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MADDALINO, CANDY  
2806 W US 90  
SUITE 101  
LAKE CITY, FL 32055 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	P	Title	VP
Name	MADDALINO, CANDY	Name	LYONS, MARY
Address	PO BOX 3659	Address	PO BOX 3659
City-State-Zip:	LAKE CITY FL 32056	City-State-Zip:	LAKE CITY FL 32056

*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:** CANDY MADDALINO

**PRES**

**02/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date