## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010342

Entity Name: PINES CROSSINGS ASSOCIATION, INC.

**FILED** Apr 16, 2019 **Secretary of State** 1852849550CC

## **Current Principal Place of Business:**

C/O INVESTMENT MANAGEMENT ASSOCIATES INC. 2151 S. LE JEUNE ROAD SUITE 202 CORAL GABLES, FL 33134

## **Current Mailing Address:**

C/O INVESTMENT MANAGEMENT ASSOCIATES INC. 2151 S. LE JEUNE ROAD SUITE 202 CORAL GABLES, FL 33134 US

FEI Number: 47-3320090 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BALES, MATT 4000 PONCE DE LEON BLVD. SUITE 470 CORAL GABLES, FL 33146 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name BAUMGARD, DANIEL Name SHEPPARD, RALPH

C/O INVESTMENT MANAGEMENT C/O INVESTMENT MANAGEMENT Address Address

ASSOCIATES INC. ASSOCIATES INC. 2151 S. LE JEUNE ROAD SUITE 202 2151 S. LE JEUNE ROAD SUITE 202

CORAL GABLES FL 33134 CORAL GABLES FL 33134 City-State-Zip: City-State-Zip:

**DIRECTOR** DIRECTOR Title Title

WHITE, LYNISE FORD, JORDAN Name Name

Address C/O ALDI INC Address C/O WALGREEN CO.

1171 N. STATE ROAD7 1901 E. VOORHEES ST.

ROYAL PALM BEACH FL 33411 DANVILLE IL 61834 City-State-Zip: City-State-Zip:

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.