

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010342

**FILED**  
**Mar 16, 2016**  
**Secretary of State**  
**CC3875782035**

**Entity Name:** PINES CROSSINGS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INVESTMENT MANAGEMENT ASSOCIATES INC.  
1575 SAN IGNACIO AVENUE - SUITE 400  
CORAL GABLES, FL 33146

**Current Mailing Address:**

C/O INVESTMENT MANAGEMENT ASSOCIATES INC.  
1575 SAN IGNACIO AVENUE - SUITE 400  
CORAL GABLES, FL 33146

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PVD  
Name SHEPPARD, RALPH  
Address 1575 SAN IGNACIO AVENUE #400  
City-State-Zip: CORAL GABLES FL 33146

Title STD  
Name BAUMGARD, DAN  
Address 1575 SAN IGNACIO AVENUE #400  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name WEBLEY, JACQUELINE  
Address 1575 SAN IGNACIO AVENUE #400  
City-State-Zip: CORAL GABLES FL 33146

*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:** RALPH SHEPPARD

**PRESIDENT**

**03/16/2016**

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

\_\_\_\_\_  
Date