

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43168

**Entity Name:** PINE GROVE CONDOMINIUMS AT BLOOMINGDALE ASSOCIATION, INC.

**FILED**  
**Feb 14, 2024**  
**Secretary of State**  
**2618704337CC**

**Current Principal Place of Business:**

3903 NORTHDAL BLVD #250W  
TAMPA, FL 33624

**Current Mailing Address:**

C/O WISE PROPERTY MANAGEMENT, INC  
3903 NORTHDAL BLVD #250W  
TAMPA, FL 33624 US

**FEI Number: 59-2748277**

**Certificate of Status Desired: No**

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

GLAUSIER, CHARLES EVANS  
400 N ASHLEY DR STE 2020  
TAMPA, FL 33602 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           TREASURER  
Name           LARISON, STEPHEN  
Address        3903 NORTHDAL BLVD #250W  
City-State-Zip: TAMPA FL 33624

Title           PRESIDENT  
Name           BURNS, KENNETH  
Address        3903 NORTHDAL BLVD #250W  
City-State-Zip: TAMPA FL 33624

Title           SECRETARY  
Name           BURNS, AMANDA  
Address        3903 NORTHDAL BLVD #250W  
City-State-Zip: TAMPA FL 33624

*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: KENNETH BURNS**

**PRESIDENT**

**02/14/2024**

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

\_\_\_\_\_  
Date