

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48226

Entity Name: PINES MOBILE HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1005 N. WHITEHURST RD.
LOT OFFICE
PLANT CITY, FL 33563**Current Mailing Address:**1005 N. WHITEHURST RD.
LOT OFFICE
PLANT CITY, FL 33563 US**FEI Number: 59-3126624****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROLFE, DONNA
1005 N. WHITEHURST RD
LOT OFFICE
PLANT CITY, FL 33563 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	SECRETARY
Name	DAY, VANNESA
Address	1005 N. WHITEHURST RD.LOT 11
City-State-Zip:	PLANT CITY FL 33563

Title	TREASURER
Name	HARLEY, MARIYLN
Address	1005 N. WHITEHURST RD.LOT 50
City-State-Zip:	PLANT CITY FL 33563

Title	DIRECTOR
Name	JIMENEZ, MELLISA
Address	1005 WHITEHURST RD. LOT 41
City-State-Zip:	PLANT CITY FL 33563

Title	PRESIDENT
Name	HALL, MICHAEL
Address	1005 N. WHITEHURST RD.LOT 68
City-State-Zip:	PLANT CITY FL 33563

Title	VICE PRESIDENTDIRECTOR, VP
Name	HENDERSON, STEVEN
Address	1005 N. WHITEHURST RD. LOT 83
City-State-Zip:	PLANT CITY FL 33563

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: MICHAEL HALL**PRESIDENT****02/15/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date