

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 751661

1. Entity Name
LONE PINE WEST MOBILE PARK HOME OWNERS
ASSOCIATION, INC.



Principal Place of Business
119 DRIVE/LONE PINE
PEMBROKE PARK, FL 33009 US

Mailing Address
119 DRIVE/LONE PINE
PEMBROKE PARK, FL 33009 US



03072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2051062

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TREMBLAY, CLEMENT
119 DRIVE
LONE PINE WEST
PEMBROKE PARK, FL 33009

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and one applicable

(NOTE: Registered Agent signature required when reinstating)

03/12/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME RONDEAU, ROLLAND
STREET ADDRESS 144 TERRACE LANE PINE W
CITY-ST-ZIP PEMBROKE PARK, FL 33009

TITLE VP
NAME QUENEL, SUZETTE
STREET ADDRESS 420 LANE LONEPINE WEST
CITY-ST-ZIP PEMBROKE PARK, FL 33009

TITLE T
NAME TREMBLAY, CLEMENT
STREET ADDRESS 119 DRIVE LONE PINE W
CITY-ST-ZIP PEMBROKE PARK, FL 33009

TITLE S
NAME GELINAS, LAURA
STREET ADDRESS 148 DR
CITY-ST-ZIP PEMBROKE PARK, FL 33009

TITLE VP
NAME HUGUETTE, JOLY
STREET ADDRESS 120 TERR LONEPINE WEST
CITY-ST-ZIP PEMBROKE PARK, FL 33009

TITLE D
NAME LAMBERT, MADELINE
STREET ADDRESS 133 TERRACE LONE PINE W
CITY-ST-ZIP PEMBROKE PARK, FL 33009

1100000655625
03/23/07-80009-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/07
Date

Daytime Phone #