

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751661

Entity Name: LONE PINE WEST MOBILE PARK HOME OWNERS
ASSOCIATION, INC.**Current Principal Place of Business:**420 LONE PINE LANE
HALLANDALE, FL 33009**Current Mailing Address:**420 LONE PINE LANE
HALLANDALE, FL 33009 US**FEI Number: 59-2051062****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**RENAUD, NATHALIE
103 LONE PINE TERRACE
HALLANDALE, FL 33009 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: NATHALIE RENAUD****01/27/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	BEAULNE, ROBERT
Address	150 LONE PINE DRIVE
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	PRESIDENT
Name	QUESNEL, SUZETTE
Address	420 LONE PINE LANE
City-State-Zip:	HALLANDALE FL 33009

Title	SECRETARY
Name	CHARETTE, DORIS
Address	132 LONE PINE DRIVE
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	VP
Name	BISSENETTE, MARCEL
Address	109 LONE PINE TERRACE
City-State-Zip:	HALLANDALE FL 33009

Title	VP
Name	RENAUD, NATHALIE
Address	103 LONE PINE TERRACE
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	DIRECTOR
Name	GAUTHIER, SERGE
Address	141 LONE PINE TERRACE
City-State-Zip:	HALLANDALE FL 33009

Title	DIRECTOR
Name	GAGNÉ, DANIEL
Address	136 LONE PINE DRIVE
City-State-Zip:	HALLANDALE BEACH FL 33009

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: NATHALIE RENAUD**VP****01/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date