

2020 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

02/26/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title SECRETARY
Name LAMOUREUX, MICHELINE
Address 126 LONE PINE TERRACE
City-State-Zip: HALLANDALE FL 33009

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

Title VP
Name MATHIEU, ALAIN
Address 138 LONE PINE TERRACE
City-State-Zip: HALLANDALE 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 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

TREASURER

02/26/2020

Electronic Signature of Signing Officer/Director Detail

Date