

2014 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:**352 LONE PINE LANE
HALLANDALE, FL 33009**Current Mailing Address:**352 LONE PINE LANE
HALLANDALE, FL 33009 US**FEI Number: 59-2051062****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CYR, FRANCOIS
352 LONE PINE LANE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	CYR, FRANCOIS
Address	352 LONE PINE LANE
City-State-Zip:	HALLANDALE FL 33009

Title	VP
Name	RONDEAU, ROLLAND
Address	339 LONE PINE LANE
City-State-Zip:	HALLANDALE FL 33009

Title	VP
Name	BEAULNE, ROBERT V.P.
Address	150 LONE PINE DRIVE
City-State-Zip:	HALLANDALE FL 33009

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

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

Title	D
Name	BLANCHETTE, ROGER
Address	349 LONE PINE LANE
City-State-Zip:	HALLANDALE FL 33009

Title	DIRECTOR
Name	BOUCHER, DENIS
Address	410 LONE PINE LANE
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: FRANCOIS X. CYR**PRESIDENT****02/04/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date