2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751661

Entity Name: LONE PINE WEST MOBILE PARK HOME OWNERS

ASSOCIATION, INC.

FILED Feb 10, 2025 Secretary of State 5340280155CC

Current Principal Place of Business:

404 LONE PINE LANE

HALLANDALE BEACH, FL 33009

Current Mailing Address:

404 LONE PINE LANE

HALLANDALE BEACH, FL 33009 US

FEI Number: 59-2051062 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOULE, MICHEL 404 LONE PINE LANE HALLANDALE BEACH, 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: MICHEL HOULE 02/10/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title FIRST VP

Name HOULE, MICHEL Name DORION, MICHEL

Address 404 LONE PINE LANE Address 121 LONE PINE LANE

City-State-Zip: HALLANDALE BEACH FL 33009 City-State-Zip: HALLANDALE BEACH FL 33009

Title SECOND VP Title TREASURER

Name QUESNEL, SYLVAIN Name CHARETTE, DORIS

Address 108 LONE PINE TERRACE Address 132 LONE PINE DRIVE

City-State-Zip: HALLANDALE BEACH FL 33009 City-State-Zip: HALLANDALE BEACH FL 33009

Title SECRETARY Title DIRECTOR

NameTOUCHETTE, LINDANameRONDEAU, MARIOAddress136 LONE PINE DRIVEAddress339 LONE PINE LANE

City-State-Zip: HALLANDALE BEACH FL 33009 City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name GAGNÉ, DANIEL

Address 145 LONE PINE TERRACE

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: DORIS CHARETTE TRÉSORIÈRE 02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date