

2019 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:**150 LONE PINE DRIVE
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 X. SR.
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:** FRANCOIS X. CYR**02/18/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	PRESIDENT
Name	CYR, FRANCOIS X. SR.
Address	352 LONE PINE LANE
City-State-Zip:	HALLANDALE FL 33009

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

Title	VP
Name	BLANCHETTE, ROGER
Address	349 LONE PINE LANE
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	MICHAUD, JOHANNE
Address	226 LONE PINE LANE
City-State-Zip:	HALLANDALE FL 33009

Title	DIRECTOR
Name	LARIVIERE, PHILIPPE
Address	319 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****02/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date