

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010342

**Entity Name:** PINES CROSSINGS ASSOCIATION, INC.

**Current Principal Place of Business:**

8100 SW 178 STREET  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

8100 SW 178 STREET  
PALMETTO BAY, FL 33157 US

**FEI Number:** 47-3320090

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BALES, MATT  
4000 PONCE DE LEON BLVD.  
SUITE 470  
CORAL GABLES, FL 33146 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           DIRECTOR  
Name           FORD, JORDAN  
Address        C/O ALDI INC  
                  1171 N. STATE ROAD 7  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title           D  
Name           PIERRE, YASMINE  
Address        C/O WALGREEN CO.  
                  18410 PINES BLVD.  
City-State-Zip: PEMBROKE PINES FL 33029

Title           D  
Name           AVERA, CRAIG  
Address        2650 N. 29TH AVENUE  
City-State-Zip: HOLLYWOOD FL 33020

Title           PD  
Name           SIEW, BRANDON K.  
Address        8100 SW 178 STREET  
City-State-Zip: PALMETTO BAY FL 33157

*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:** BRANDON K SIEW

**PRESIDENT**

**04/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date