

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48226

Entity Name: PINES MOBILE HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1005 WHITEHURST RD
LOT OFFICE
PLANT CITY, FL 33563**Current Mailing Address:**1005 WHITEHURST RD
LOT OFFICE
PLANT CITY, FL 33563 US**FEI Number:** 59-3126624**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROWN, PAMELA
1005 WHITEHURST RD
LOT OFFICE
PLANT CITY, FL 33563 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	PRESIDENT
Name	BRAY, LEEANN
Address	1005 N. WHITEHURST RD.LOT 4
City-State-Zip:	PLANT CITY FL 33563

Title	TREASURER
Name	HARLEY, MARILYN
Address	1005 N. WHITEHURST RD.LOT 50
City-State-Zip:	PLANT CITY FL 33563

Title	VP
Name	PHILLIPS, LEANNE
Address	1005 WHITEHURST RD LOT 18
City-State-Zip:	PLANT CITY FL 33563

Title	DIRECTOR
Name	HALL, MICHAEL
Address	1005 WHITEHURST RD LOT 68
City-State-Zip:	PLANT CITY FL 33563

Title	SECRETARY
Name	LIVELY, CHERI
Address	1005 WHITEHURST RD LOT 45
City-State-Zip:	PLANT CITY FL 33563

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: LEEANN BRAY**PRESIDENT****01/13/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date