

2022 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	SECRETARY
Name	BRAY, LEEANNE
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	DIRECTOR
Name	PRUETZEL, TONIA
Address	1005 WHITEHURST RD. LOT 14
City-State-Zip:	PLANT CITY FL 33563

Title	PRESIDENT
Name	JIMENEZ, MELISSA
Address	1005 N. WHITEHURST RD.LOT 41
City-State-Zip:	PLANT CITY FL 33563

Title	VICE PRESIDENTDIRECTOR, VP
Name	GERAW, PETER
Address	1005 N. WHITEHURST RD. LOT 75
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: MELISSA JIMENEZ**PRESIDENT OF THE
BOARD****01/26/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date