## 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N48226

Entity Name: PINES MOBILE HOME OWNERS ASSOCIATION, INC.

**FILED** Apr 30, 2024 **Secretary of State** 4617548734CC

## **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 **TREASURER** Title VΡ

Name HARLEY, MARILYN Name PHILLIPS, LEANNE

1005 N. WHITEHURST RD.LOT 50 1005 WHITEHURST RD Address Address

LOT 18

City-State-Zip:

PLANT CITY FL 33563

City-State-Zip: PLANT CITY FL 33563 City-State-Zip: PLANT CITY FL 33563

Title **PRESIDENT** Title **SECRETARY** HALL, MICHAEL Name

Name PROCTOR, LORI 1005 WHITEHURST RD Address

Address 1005 WHITEHURST RD. LOT 68

LOT 72 City-State-Zip: PLANT CITY FL 33563

Title **DIRECTOR** 

Address

1005 WHITEHURST RD

JIMENEZ, MELISSA

LOT 41

Name

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.