

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48226

**Entity Name:** PINES MOBILE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1005 N. WHITEHURST RD.  
LOT OFFICE  
PLANT CITY, FL 33563

**Current Mailing Address:**

1005 N. 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:**

ROLFE, DONNA  
1005 N. 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 DAY, VANESSA  
Address 1005 N. WHITEHURST RD.LOT 11  
City-State-Zip: PLANT CITY FL 33563

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

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

Title VICE PRESIDENT/DIRECTOR, VP  
Name GERAW, PETER  
Address 1005 N. WHITEHURST RD. LOT 75  
City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR  
Name JIMENEZ, MELLISA  
Address 1005 WHITEHURST RD. LOT 41  
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: MICHAEL HALL**

**PRESIDENT**

**01/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date