

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000343

Entity Name: ALDEN PINES HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**14271 SANDARAC DR
BOKEELIA, FL 33922**Current Mailing Address:**PO BOX 244
BOKEELIA, FL 33922 US**FEI Number:** 65-0655358**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANDERS, MITZI SEC.
14271 SANDARC DRIVE
BOKEELIA, FL 33922 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	LYLE, JAMES
Address	14350 TAMARAC DR
City-State-Zip:	BOKEELIA FL 33922

Title	DIRECTOR
Name	SANDERS, MITZI
Address	14271 SANDA RAC DRIVE
City-State-Zip:	BOKEELIA FL 33922

Title	DIRECTOR
Name	DIXON, CHRISTINE
Address	14391 TAMARAC DR
City-State-Zip:	BOKEELIA FL 33922

Title	DIRECTOR
Name	SHANLEY, HELEN
Address	14409 CLUBHOUSE DR
City-State-Zip:	BOKEELOIA FL 33922

Title	DIRECTOR
Name	HEMBROOK, JEFF
Address	14421 CLUBHOUSE DRIVE
City-State-Zip:	BOKEELIA FL 33922

Title	TREASURER
Name	NELSON, LES
Address	7791 GRANDE PINE RD
City-State-Zip:	BOKEELIA FL 33922

Title	SECRETARY
Name	WINNECKER, MELANIE
Address	14318 CLUBHOUSE DR
City-State-Zip:	BOKEELIA FL 33922

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: MITZI SANDERS**DIRECTOR****04/02/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date