

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2: 57**

DOCUMENT # N25532 (5)

1. Corporation Name
**BIG PINE ACRES MOBILE HOMEOWNERS ASSOCIATION, IN
C.**

Principal Place of Business Mailing Address
**C/O GUILFORD MACDONALD 3290 W PARKVILLE ST LOT #8
LECANTO FL 34461
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/22/1988** 3a. Date of Last Report **04/07/1994**
4. FEI Number **59-2891437** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**PROGEX, MICHAEL
3290 W PARKVILLE STR
LOT 25
LECANTO FL 34461**

10. Name and Address of New Registered Agent
81 Name **WRIGHT, RICHARD**
82 Street Address (P.O. Box Number is Not Acceptable) **3290 W PARKVILLE STREET**
83 **LOT# 9**
84 City **LECANTO** FL 85 Zip Code **34461**

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of (registered) agent, Florida Statutes.

SIGNATURE **RICHARD WRIGHT PRESIDENT** DATE **3/30/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	TSD
NAME	MACDONALD, GUILFORD
STREET ADDRESS	3290 W PARKVILLE STR, LOT 8
CITY - ST - ZIP	LECANTO FL 34461
TITLE	PROGEX, MICHAEL
NAME	PROGEX, MICHAEL
STREET ADDRESS	3290 W PARKVILLE ST #25
CITY - ST - ZIP	LECANTO FL
TITLE	NO
NAME	WRIGHT, SALLY
STREET ADDRESS	3290 W PARKVILLE ST #8
CITY - ST - ZIP	LECANTO FL
TITLE	D
NAME	ADAMS, WILLIAM
STREET ADDRESS	3290 PARKVILLE STR, LOT 16
CITY - ST - ZIP	LECANTO FL
TITLE	D
NAME	LONGTINE, ROBERT
STREET ADDRESS	3290 W PARKVILLE ST #14
CITY - ST - ZIP	LECANTO FL
TITLE	D
NAME	BOWEN, RUTH
STREET ADDRESS	3290 W PARKVILLE STR, LOT 24
CITY - ST - ZIP	LECANTO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WRIGHT RICHARD
2.3 STREET ADDRESS	3290 W PARKVILLE ST. LOT# 9
2.4 CITY - ST - ZIP	LECANTO, FL 34461
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANGLEMAN, GEORGE
3.3 STREET ADDRESS	3290 W PARKVILLE ST. LOT# 4
3.4 CITY - ST - ZIP	LECANTO FL 34461
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARNEY, IRENE
6.3 STREET ADDRESS	3290 W PARKVILLE ST, LOT# 17
6.4 CITY - ST - ZIP	LECANTO FL 34461

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **(RICHARD) WRIGHT** *Richard Wright* DATE **3/30/95** 1-904-527-0490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR