

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

C/O GUILFORD MACDONALD  
3290 W PARKVILLE ST LOT #8  
LECANTO FL 34461  
US

3. Date Incorporated or Qualified <b>03/22/1988</b>	3a. Date of Last Report <b>04/05/1995</b>
4. FEI Number <b>59-2891437</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, RICHARD**  
3290 W PARKVILLE STREET  
LOT#9  
LECANTO FL 34461

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0002 and 617.1508, 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, Section 617.0009, Florida Statutes.

SIGNATURE

*Richard Wright*  
**(RICHARD WRIGHT) PRESIDENT**

*1 April 96*  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	<b>TSD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACDONALD, GUILFORD</b>	1.2 NAME	
STREET ADDRESS	<b>3290 W PARKVILLE STR, LOT 8</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LECANTO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WRIGHT, RICHARD</b>	2.2 NAME	<b>SLAVEN WHITE, DOROTHY</b>
STREET ADDRESS	<b>3290 W PARKVILLE ST LOT 9</b>	2.3 STREET ADDRESS	<b>3290 PARKVILLE ST. LOT 26</b>
CITY-ST-ZIP	<b>LECANTO FL</b>	2.4 CITY-ST-ZIP	<b>LECANTO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGLEMAN, GEORGE</b>	3.2 NAME	<b>300001771799</b>
STREET ADDRESS	<b>3290 W PARKVILLE ST. LOT 34</b>	3.3 STREET ADDRESS	<b>-04/08/96--01022--014</b>
CITY-ST-ZIP	<b>LECANTO FL</b>	3.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADAMS, WILLIAM</b>	4.2 NAME	<b>BOWEN, JOHN</b>
STREET ADDRESS	<b>3290 PARKVILLE STR, LOT 16</b>	4.3 STREET ADDRESS	<b>3290 PARKVILLE ST. LOT 24</b>
CITY-ST-ZIP	<b>LECANTO FL</b>	4.4 CITY-ST-ZIP	<b>LECANTO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LONGTINE, ROBERT</b>	5.2 NAME	<b>STILES, GERTRUDE</b>
STREET ADDRESS	<b>3290 W PARKVILLE ST #14</b>	5.3 STREET ADDRESS	<b>3290 PARKVILLE ST</b>
CITY-ST-ZIP	<b>LECANTO FL</b>	5.4 CITY-ST-ZIP	<b>LECANTO FL Lot 3</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARNEY, IRENE</b>	6.2 NAME	
STREET ADDRESS	<b>3290 W PARKVILLE ST. LOT #17</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LECANTO FL</b>	6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1 April 96*  
DATE

Del.

Daytime Phone #

CR2E037 (12/95)