


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25532 (5)**  
 1. Corporation Name  
**BIG PINE ACRES MOBILE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O GUILFORD MACDONALD 3290 W PARKVILLE ST LOT #8 LECANTO FL 34461 US</b>	Mailing Address <b>C/O GUILFORD MACDONALD 3290 W PARKVILLE ST LOT #8 LECANTO FL 34461-7813 US</b>
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3. Date Incorporated or Qualified <b>03/22/1988</b>	3a. Date of Last Report <b>04/06/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

4. FEI Number <b>59-2891437</b>	Applied For <input type="checkbox"/> Applied For <input checked="" 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	

9. Name and Address of Current Registered Agent  
**WRIGHT, RICHARD  
3290 W PARKVILLE STREET  
LOT#9  
LECANTO FL 34461**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0503, Florida Statutes.

SIGNATURE: **RICHARD WRIGHT PRESIDENT** Date: **31 Mar 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TSD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACDONALD, GUILFORD</b>	1.2 NAME	<b>SEINKNER JOSEPH LOT 20</b>
STREET ADDRESS	<b>3290 W PARKVILLE STR, LOT 8</b>	1.3 STREET ADDRESS	<b>3290 W PARKVILLE ST.</b>
CITY-ST-ZIP	<b>LECANTO FL</b>	1.4 CITY-ST-ZIP	<b>LECANTO FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WRIGHT, RICHARD</b>	2.2 NAME	<b>GERTRAUDE STILES LOT 3</b>
STREET ADDRESS	<b>3290 W PARKVILLE ST LOT 9</b>	2.3 STREET ADDRESS	<b>3290 W PARKVILLE</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	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ENGLEMAN, GEORGE</b>	3.2 NAME	<b>PROCEK MICHAEL LOT 25</b>
STREET ADDRESS	<b>3290 W PARKVILLE ST. LOT 34</b>	3.3 STREET ADDRESS	<b>3290 W PARKVILLE ST.</b>
CITY-ST-ZIP	<b>LECANTO FL</b>	3.4 CITY-ST-ZIP	<b>LECANTO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWEN, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>3290 PARKVILLE ST., LOT 24</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LECANTO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONGTINE, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>3290 W PARKVILLE ST #14</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LECANTO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 assigner or trustee employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if by board or on an attachment with an address.

SIGNATURE: **RICHARD WRIGHT** Date: **31 March 1997 (BS) 527-0490**

CR2E037 (9/96)