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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N25532

1. Corporation Name

BIG PINE ACRES MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/22/1988

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

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

FL

85 Zip Code

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TSD DELETE

NAME MACDONALD, GUILFORD
 STREET ADDRESS 3290 W PARKVILLE STR, LOT 8
 CITY-ST-ZIP LECANTO FL

TITLE P DELETE

NAME WRIGHT, RICHARD
 STREET ADDRESS 3290 W PARKVILLE ST LOT 9
 CITY-ST-ZIP LECANTO FL

TITLE D DELETE

NAME ENGLEMAN, GEORGE
 STREET ADDRESS 3290 W PARKVILLE ST. LOT 34
 CITY-ST-ZIP LECANTO FL

TITLE D DELETE

NAME BOWEN, JOHN
 STREET ADDRESS 3290 PARKVILLE ST., LOT 24
 CITY-ST-ZIP LECANTO FL

TITLE D DELETE

NAME LONGTINE, ROBERT
 STREET ADDRESS 3290 W PARKVILLE ST #14
 CITY-ST-ZIP LECANTO FL

TITLE VP DELETE

NAME AURIN, WALTER
 STREET ADDRESS 3290 W PARKVILLE ST LOT #17
 CITY-ST-ZIP LECANTO FL 34461

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD Change Addition

1.2 NAME MACDONALD, GUILFORD
 1.3 STREET ADDRESS 3290 W PARKVILLE ST
 1.4 CITY-ST-ZIP LECANTO FL 34461

2.1 TITLE SD Change Addition

2.2 NAME JACKSON JOYCE
 2.3 STREET ADDRESS 3290 W PARKVILLE ST
 2.4 CITY-ST-ZIP LECANTO FL 34461

3.1 TITLE D Change Addition

3.2 NAME HUM, DOUGLAS
 3.3 STREET ADDRESS 3290 W PARKVILLE ST
 3.4 CITY-ST-ZIP LECANTO FL 34461

4.1 TITLE D Change Addition

4.2 NAME PROCEK MICHAEL
 4.3 STREET ADDRESS 3290 W PARKVILLE ST
 4.4 CITY-ST-ZIP LECANTO, FL 34461

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE: *(Richard Wright)* REQUIRED

March 3, 1999 352-527-0490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)