

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90127 006 ****61.25

DOCUMENT # N25532

1. Entity Name

BIG PINE ACRES MOBILE HOMEOWNERS ASSOCIATION, IN



DO NOT WRITE IN THIS SPACE

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 34461-7913
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2891437

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--------------------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MACDONALD, GUILFORD | |
| STREET ADDRESS | 3290 W PARKVILLE STR, LOT 8 | |
| CITY-ST-ZIP | LECANTO FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WRIGHT, RICHARD | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT 9 | |
| CITY-ST-ZIP | LECANTO FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ENGLEMAN, GEORGE | |
| STREET ADDRESS | 3290 W PARKVILLE ST. LOT 34 | |
| CITY-ST-ZIP | LECANTO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOWEN, JOHN | |
| STREET ADDRESS | 3290 PARKVILLE ST., LOT 24 | |
| CITY-ST-ZIP | LECANTO FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LONGTINE, ROBERT | |
| STREET ADDRESS | 3290 W PARKVILLE ST #14 | |
| CITY-ST-ZIP | LECANTO FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | AURIN, WALTER | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT #17 | |
| CITY-ST-ZIP | LECANTO FL 34461 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|----------------|-----------------------------|---------------------------------|----------------------------------------------|
| TITLE | S/D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | JACKSON | | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT 18 | | |
| CITY-ST-ZIP | LECANTO FL 34461 | | |
| TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | HUM, DOUGLAS | | |
| STREET ADDRESS | 3290 W PARKVILLE ST LOT 23 | | |
| CITY-ST-ZIP | LECANTO, FL 34461 | | |
| TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | PROCEX, MICHAEL | | |
| STREET ADDRESS | 3290 W PARKVILLE ST. LOT 25 | | |
| CITY-ST-ZIP | LECANTO, FL 34461 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. 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 report or supplemental 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 of the corporation and am empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (W. RICHARD WRIGHT) JURED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00
 Date

902-527-0490
 Daytime Phone #

CR2E037 (9/99)