


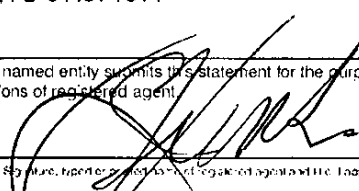
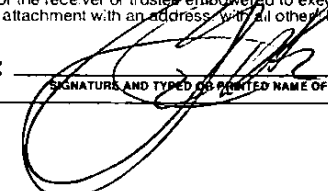
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90076 012 ****61.25

20010303



DOCUMENT # N25532			
1. Entity Name BIG PINE ACRES MOBILE HOMEOWNERS ASSOCIATION, INC.		Principal Place of Business C/O KAY C. WEBSTER 3290 W PARKVILLE ST LOT #24 LECANTO, FL 34461-7914 US	
2. Principal Place of Business 3290 W PARKVILLE ST. Suite, Apt. #, etc. LOT 19		3. Mailing Address J. GRIEGOSCHEWSKI 3290 W PARKVILLE ST. Suite, Apt. #, etc. LOT 19	
City & State LECANTO, FLORIDA		City & State LECANTO, FLORIDA	
Zio 34461-7914 Country CITRUS		Zio 34461-7914 Country CITRUS	
4. FEI Number 59-2891437		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBSTER, KAY C 3290 W PARKVILLE STREET LOT#24 LECANTO, FL 34461-7914		7. Name and Address of New Registered Agent Name GRIEGOSCHEWSKI JURGEN Street Address (P.O. Box Number is Not Acceptable) 3290 W PARKVILLE ST. LOT 19 City LECANTO FL Zio Code 34461-7914	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, JOYCE 3290 W PARKVILLE ST LOT 18 LECANTO, FL 344617914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIEGOSCHEWSKI JURGEN 3290 W PARKVILLE ST., LOT 19 LECANTO, FL 34461-7914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNN, DEANNA 3290 W. PARKVILLE ST., #15 LECANTO, FL 344617914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, BRUCE 3290 W PARKVILLE ST., LOT 21 LECANTO FL. 34461-7914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, MILDRED 3290 W PARKVILLE ST LOT #10 LECANTO, FL 344617914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMOLLETT, JOAN 3290 W PARKVILLE ST, LOT 23 LECANTO, FL. 34461-7914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOMLIN, RAMONA 3290 W PARKVILLE ST LOT #6 LECANTO, FL 344617914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT SMOLLETT 3290 W PARKVILLE ST. LOT 23 LECANTO, FL. 34461-7914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBSTER, KAY C 3290 W. PARKVILLE ST., #24 LECANTO, FL 344617914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN RICHARD 3290 W PARKVILLE ST, LOT 15 LECANTO, FL. 34461-7914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AURIN, WALTER 3290 W PARKVILLE ST LOT #17 LECANTO, FL 344617914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, CARL 3290 W PARKVILLE ST, LOT 26 LECANTO, FL. 34461-7914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 or trustee 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: 		Date: FEB 16, 2005 (351586-0939)	