
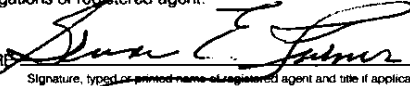

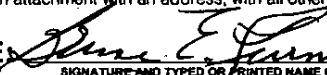
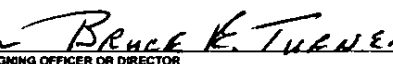


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90022 048 \*\*\*\*61.25

<b>DOCUMENT # N25532</b>			
1. Entity Name <b>BIG PINE ACRES MOBILE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 3290 W PARKVILLE ST LOT 19 LECANTO, FL 34461-7914 US		Mailing Address 3290 W PARKVILLE ST LOT 19 LECANTO, FL 34461-7914 US	
2. Principal Place of Business - No P.O. Box # <b>3290 W. PARKVILLE</b>		3. Mailing Address <b>3290 W. Parkville St</b>	
Suite, Apt. #, etc. <b>Lot # 21</b>		Suite, Apt. #, etc. <b>Lot # 21</b>	
City & State <b>LECANTO, FL</b>		City & State <b>LECANTO, FL</b>	
Zip <b>34461-7914</b>	Country <b>U.S.</b>	Zip <b>34461-7914</b>	Country <b>U.S.</b>
4. FEI Number <b>59-2891437</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRIEGOSCHEWSKI, JURGEN 3290 W PARKVILLE ST LOT 19 LECANTO, FL 34461-7914		Name <b>Bruce Turner</b> Street Address (P.O. Box Number is Not Acceptable) <b>3290 W. PARKVILLE ST</b> <b>Lot # 21</b> City <b>LECANTO</b> FL Zip Code <b>34461-7914</b>	
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 		SIGNATURE  <b>4-15-08</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE <del>President</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRIEGOSCHEWSKI, JURGEN		NAME Bruce Turner	
STREET ADDRESS 3290 W PARKVILLE ST, LOT 19		STREET ADDRESS 3290 W. PARKVILLE ST. Lot # 21	
CITY-ST-ZIP LECANTO, FL 344617914		CITY-ST-ZIP LECANTO, FL 344617914	
TITLE SD	<input type="checkbox"/> Delete	TITLE <del>VP</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DUNN, DEANNA		NAME Richard Dunn Sr.	
STREET ADDRESS 3290 W. PARKVILLE ST., #15		STREET ADDRESS 3290 W. Parkville St Lot # 15	
CITY-ST-ZIP LECANTO, FL 344617914		CITY-ST-ZIP LECANTO, FL 344617914	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOYD, JAMES		NAME Gary Boyd	
STREET ADDRESS 3290 W. PARKVILLE ST., LOT 28		STREET ADDRESS 3290 W Parkville St Lot # 24	
CITY-ST-ZIP LECANTO, FL 344617914		CITY-ST-ZIP LECANTO, FL 344617914	
TITLE D	<input type="checkbox"/> Delete	TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FARRELL, JACK		NAME CARL Hobbs	
STREET ADDRESS 3290 W. PARKVILLE ST., LOT 16		STREET ADDRESS 3290 W Parkville St Lot # 26	
CITY-ST-ZIP LECANTO, FL 344617914		CITY-ST-ZIP LECANTO, FL 344617914	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHOLLETT, JOAN		NAME	
STREET ADDRESS 3290 W PARKVILLE ST, LOT 23		STREET ADDRESS	
CITY-ST-ZIP LECANTO, FL 344617914		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AURIN, WALTER		NAME	
STREET ADDRESS 3290 W PARKVILLE ST LOT #17		STREET ADDRESS	
CITY-ST-ZIP LECANTO, FL 344617914		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 		SIGNATURE  <b>4-15-08 352-746-7826</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	