

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2009
Secretary of State**

DOCUMENT# N25532

Entity Name: BIG PINE ACRES MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3290 W. PARKVILLE
LOT #21
LECANTO, FL 344617914 US

New Principal Place of Business:

Current Mailing Address:

3290 W PARKVILLE ST
LOT #21
LECANTO, FL 344617914 US

New Mailing Address:

FEI Number: 59-2891437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, BRUCE
3290 W. PARKVILLE ST.
LOT #21
LECANTO, FL 344617914 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, BRUCE
Address: 3290 W. PARKVILLE ST. LOT #21
City-St-Zip: LECANTO, FL 344617914

Title: SD () Delete
Name: DUNN, DEANNA
Address: 3290 W. PARKVILLE ST., #15
City-St-Zip: LECANTO, FL 344617914

Title: D () Delete
Name: BOYD, GARY
Address: 3290 W PARKVILLE ST LOT #24
City-St-Zip: LECANTO, FL 344617914

Title: D () Delete
Name: FARRELL, JACK
Address: 3290 W. PARKVILLE ST., LOT 16
City-St-Zip: LECANTO, FL 344617914

Title: T () Delete
Name: SHOLLETT, JOAN
Address: 3290 W PARKVILLE ST, LOT 23
City-St-Zip: LECANTO, FL 344617914

Title: D () Delete
Name: HOBBS, CARL
Address: 3290 W PARKVILLE ST. LOT #26
City-St-Zip: LECANTO, FL 344617984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: DUNN, DEANNA
Address: 3290 W. PARKVILLE ST., #15
City-St-Zip: LECANTO, FL 344617914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE TURNER

P

04/11/2009

Electronic Signature of Signing Officer or Director

Date