

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25532

FILED  
Apr 13, 2012  
Secretary of State

**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  
Name: TURNER, BRUCE  
Address: 3290 W. PARKVILLE ST. LOT #21  
City-St-Zip: LECANTO, FL 344617914

Title: S/T  
Name: DUNN, DEANNA  
Address: 3290 W. PARKVILLE ST., #15  
City-St-Zip: LECANTO, FL 344617914

Title: D  
Name: DUNN, RICHARD  
Address: 3290 W PARKVILLE ST LOT #15  
City-St-Zip: LECANTO, FL 344617914

Title: D  
Name: JACKSON, JOYCE  
Address: 3290 W. PARKVILLE ST., LOT 18  
City-St-Zip: LECANTO, FL 344617914

Title: D  
Name: FERRELL, JAY  
Address: 3290 W PARKVILLE ST , LOT20  
City-St-Zip: LECANTO, FL 344617914

I hereby 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 all other like empowered.

SIGNATURE: BRUCE E. TURNER

P

04/13/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date