

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48226 (7)
 1. Corporation Name
PINES MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1005 WHITEHURST RD. C01 PLANT CITY FL 33567 US	104 NORTH THOMAS STREET PLANT CITY FL 33566

3. Date Incorporated or Qualified
04/03/1992

4. FEI Number 59-3126624	Applied For Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes ~~sales tax~~ the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, STEPHEN L
104 NORTH THOMAS STREET
PLANT CITY FL 33566

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	BURTON, JOSEPH	
STREET ADDRESS	1005 WHITEHURST RD. #27	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, EMMETT C	
STREET ADDRESS	1005 WHITEHURST ROAD, LOT 66	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAGILL, MARGE	
STREET ADDRESS	1005 WHITEHURST RD. #11	
CITY - ST - ZIP	PLANT CITY FL 33567	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SAGGESE, ELIZABETH	
STREET ADDRESS	1005 WHITEHURST ROAD, # 56	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILL, THOMAS	
STREET ADDRESS	1005 WHITEHURST RD. #47	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COLELLA, LEONARD D	
STREET ADDRESS	1005 WHITEHURST RD. #31	
CITY - ST - ZIP	PLANT CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALICE LYNCH	
1.3 STREET ADDRESS	1005 WHITEHURST ROAD #48	
1.4 CITY - ST - ZIP	PLANT CITY FL 33567	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL F. DAVIS	
2.3 STREET ADDRESS	1005 WHITEHURST ROAD #26	
2.4 CITY - ST - ZIP	PLANT CITY FL 33567	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHIRLEY BAKER	
3.3 STREET ADDRESS	1005 WHITEHURST ROAD #16	
3.4 CITY - ST - ZIP	PLANT CITY FL 33567	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NAOMI DONAWAY	
4.3 STREET ADDRESS	1005 WHITEHURST ROAD #82	
4.4 CITY - ST - ZIP	PLANT CITY FL 33567	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DANIEL DOAN	
5.3 STREET ADDRESS	1005 WHITEHURST ROAD #68	
5.4 CITY - ST - ZIP	PLANT CITY FL 33567	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DENNIS WHEELER	
6.3 STREET ADDRESS	1005 WHITEHURST ROAD #04	
6.4 CITY - ST - ZIP	PLANT CITY FL 33567	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph A. Burton President 02/09/98 (813)764-0024

CR2E037 (10/97)