2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747524

FILED Mar 22, 2009 Secretary of State

Entity Name: PINE ISLAND CANAL MOBILE HOME IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1681 BASS AVENUE SEVILLE, FL 32190 **Current Mailing Address: New Mailing Address:** 1681 BASS AVENUE PO BOX 112 SEVILLE, FL 32190 SEVILLE, FL 32190 FEI Number: 59-0388034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOERL, MARSHALL HOERL, MARSHALL T,D 1681 BÁSS AVENUE 1681 BASS AVENUE US SEVILLE, FL 32190 SEVILLE, FL 32190 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: MARSHALL HOERL 03/22/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OXIER, STEVE Name: Name: 1681 BASS AVENUE Address: Address: City-St-Zip: SEVILLE, FL 32190 City-St-Zip: Title: Title: (X) Change () Addition () Delete MACPHEE, JIM Name: BARUXES, GEORGE Name: Address: 1626 BREAM DR. Address: 1607 BASS AVE City-St-Zip: SEVILLE, FL 32190 City-St-Zip: SEVILLE, FL 32190 Title: () Delete Title: (X) Change () Addition HOERL, MARSHALL Name: LATSHAW, MARGE Name: 1681 BASS AVENUE 1632 BREAM DR. Address: Address: City-St-Zip: SEVILLE, FL 32190 City-St-Zip: SEVILLE, FL 32190 Title: () Delete Title: () Change () Addition ALDRIDGE, LANNY Name: Name: 1636 BASS AVENUE Address: Address: City-St-Zip: SEVILLE, FL 32190 City-St-Zip: Title: () Delete Title: () Change () Addition LONGWAY, DARWIN Name: Name: 1621 BASS AVENUE Address: Address: City-St-Zip: SEVILLE, FL 32190 City-St-Zip: Title: () Delete Title: () Change () Addition BRIDGES, MAURICE Name: Name: Address: 1647 BASS AVE. Address: SEVILLE, FL 32190 City-St-Zip: 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: MARSHALL HOERL T,D 03/22/2009