FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 APR 25 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **751661** **(0)**

1. Corporation Name

LONE PINE WEST MOBILE PARK HOME OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
302 LONE PINE LN PEMBROKE PARK FL 33009 US	302 LONE PINE LN PEMBROKE PARK FL 33009 US

3. Date Incorporated or Qualified: 03/21/1980
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2051062 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AFFOLTER, JOHN W
302 LONE PINE LN
PEMBROKE PARK FL 33009

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LAMBERT, J A	1.2 NAME	G Roy	
STREET ADDRESS	311 LONE PINE LANE	1.3 STREET ADDRESS	133 Lane	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	1.4 CITY-ST-ZIP	Pembroke Park,Fl 33009	
TITLE	1VP	2.1 TITLE	1VP	☒ Change ☐ Addition
NAME	LANGLOIS, ALBERT	2.2 NAME	Rene Bissonnette	
STREET ADDRESS	202 LONE PINE LANE	2.3 STREET ADDRESS	348 Lane	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	2.4 CITY-ST-ZIP	Pembroke Park,Fl 33009	
TITLE	3VP	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BROUSSEAU, ORAM	3.2 NAME	MARY MILLER	
STREET ADDRESS	114 LONE PINE TERRACE	3.3 STREET ADDRESS	130 TERRACE	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	3.4 CITY-ST-ZIP	PEMBROKE PARK, FL. 33009	
TITLE	S	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SICOTTE, ROBERTA	4.2 NAME	CAROLINE GRAY	
STREET ADDRESS	347 LONE PINE LANE	4.3 STREET ADDRESS	113 DRIVE	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	4.4 CITY-ST-ZIP	PEMBROKE PARK, FL. 33009	
TITLE	V	5.1 TITLE	2VP	☒ Change ☐ Addition
NAME	LAVALLEE, MAURICE	5.2 NAME		
STREET ADDRESS	135 LONE PINE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PARK FL	5.4 CITY-ST-ZIP		
TITLE	BD	6.1 TITLE	T	☐ Change ☒ Addition
NAME	FISHER, ADA	6.2 NAME	JOHN W. AFFOLTER	
STREET ADDRESS	338 LONE PINE LN	6.3 STREET ADDRESS	302 LONE PINE LN	
CITY-ST-ZIP	PEMBROKE PARK FL	6.4 CITY-ST-ZIP	PEMBROKE PARK, FL 33009	

JWA 4-25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John W. Affolter, TREAS JOHN W. AFFOLTER 3-14-95 305-981-6865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097383