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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 751661 (0)

1. Corporation Name

LONE PINE WEST MOBILE PARK HOME OWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
302 LONE PINE LN PEMBROKE PARK FL 33009 US	302 LONE PINE LN PEMBROKE PARK FL 33009-6060 US

3. Date Incorporated or Qualified: 03/21/1980
3a. Date of Last Report: 03/28/1996

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

4. FEI Number: 59-2051062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Maurice Ross
82 Street Address (P.O. Box Number is Not Acceptable): 103 Terrace
83
84 City: Pembroke Park FL 85 Zip Code: 33009

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: _____ 3-3-97
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BISSONNETTE, RENE		1.2 NAME		
STREET ADDRESS	348 LONE PINE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PARK FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GENDRON, GILLES		2.2 NAME		
STREET ADDRESS	138 LONE PINE TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PARK FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, MARY		3.2 NAME		
STREET ADDRESS	130 TERACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PARK FL 33009		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, CAROLINE		4.2 NAME		
STREET ADDRESS	113 DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PARK FL 33009		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROY, CLAIRE		5.2 NAME		
STREET ADDRESS	350 LONE PINE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PARK FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	AFFOLTER, JOHN W		6.2 NAME	T Maurice Ross	
STREET ADDRESS	302 LONE PINE LANE		6.3 STREET ADDRESS	103 Terrace	
CITY-ST-ZIP	PEMBROKE PARK FL 33009		6.4 CITY-ST-ZIP	Pembroke Park, Fl 33009	

CR2E037 (9/96)

14. I do 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: _____ 3-3-97 Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0022690