


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90050 023 \*\*\*\*61.25


|  |   |
|--|---|
| <b>DOCUMENT # 751661</b>                                 |  |
| 1. Entity Name   |   |
| LONE PINE WEST MOBILE PARK HOME OWNERS ASSOCIATION, INC. |   |

|   |   |
|---|---|
| Principal Place of Business                         | Mailing Address                                     |
| 119 DRIVE/LONE PINE<br>PEMBROKE PARK FL 33009<br>US | 119 DRIVE/LONE PINE<br>PEMBROKE PARK FL 33009<br>US |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

00004040



1st MOORE CR2E037 (10/05)

|               |                |
|---------------|----------------|
| 4. FEI Number | Applied For    |
| 59-2051062    | Not Applicable |

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

|  |
|--|
| 6. Name and Address of Current Registered Agent                            |
| TREMBLAY, CLEMENT<br>119 DRIVE<br>LONE PINE WEST<br>PEMBROKE PARK FL 33009 |

|  |
|--|
| 7. Name and Address of New Registered Agent        |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL Zip Code  |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | P <input type="checkbox"/> Delete             |
| NAME                       | RONDEAU, ROLLAND                              |
| STREET ADDRESS             | 144 TERRACE LANE PINE W                       |
| CITY-ST-ZIP                | PEMBROKE PARK FL 33009                        |
| TITLE                      | VP <input checked="" type="checkbox"/> Delete |
| NAME                       | RODRIGUE, MICHELNE                            |
| STREET ADDRESS             | 204 LANE LONG PINE WEST.                      |
| CITY-ST-ZIP                | PEMBROKE PARK FL 33009                        |
| TITLE                      | T <input type="checkbox"/> Delete             |
| NAME                       | TREMBLAY, CLEMENT                             |
| STREET ADDRESS             | 119 DRIVE LONE PINE W                         |
| CITY-ST-ZIP                | PEMBROKE PARK FL 33009                        |
| TITLE                      | S <input type="checkbox"/> Delete             |
| NAME                       | GELINAS, LAURA                                |
| STREET ADDRESS             | 148 DR  |
| CITY-ST-ZIP                | PEMBROKE PARK FL 33009                        |
| TITLE                      | D <input checked="" type="checkbox"/> Delete  |
| NAME                       | QUESNEL, SUZETTE                              |
| STREET ADDRESS             | 420 LANE LONE PINE WEST                       |
| CITY-ST-ZIP                | PEMBROKE PARK FL 33009                        |
| TITLE                      | D <input type="checkbox"/> Delete             |
| NAME                       | LAMBERT, MADELINE                             |
| STREET ADDRESS             | 133 TERRACE LONE PINE W                       |
| CITY-ST-ZIP                | PEMBROKE PARK FL 33009                        |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | Quenel Suzette  |
| STREET ADDRESS  | 420 Lane Lone Pine W.   |
| CITY-ST-ZIP   | Pembroke Park FL 33009  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME  | Joely Huguette  |
| STREET ADDRESS  | 120 Terrace Lone Pine W.  |
| CITY-ST-ZIP   | Pembroke Park FL 33009  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x Rolland Rondeau*

03/09/06