

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 11:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K02467 (4)
1. Corporation Name
LONE PINE MOBILE HOME PARK, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/16/1987** 3a. Date of Last Report **04/25/1994**

4. FEI Number **65-0102019** 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

Principal Place of Business		Mailing Address	
1. % STANLEY STEPHEN SPENCER 6505 REED DR. RIVERVIEW FL 33569		2. % STANLEY STEPHEN SPENCER 6505 REED DR. RIVERVIEW FL 33569	
2. Principal Place of Business	2a. Mailing Address	2b. Principal Place of Business	2c. Mailing Address
21	26	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27	22	27
City & State	City & State	City & State	City & State
23	28	23	28
Zip	Country	Zip	Country
24	25	24	25

9. Name and Address of Current Registered Agent

**SPENCER, STANLEY STEPHEN
6505 REED DR.
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPENCER, STANLEY STEPHEN
STREET ADDRESS	6505 REED DR.
CITY - ST - ZIP	RIVERVIEW FL
TITLE	D
NAME	SPENCER, ROSALIE
STREET ADDRESS	6505 REED DR.
CITY - ST - ZIP	RIVERVIEW FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-95 677-1473
Date Signature (Please Print)