

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005444

FILED
Jan 25, 2007
Secretary of State

Entity Name: PINECREST MOBILE HOME PARK LOT RENTERS ASSOCIATION, INC.

Current Principal Place of Business:

6117 HARRIET STREET
ZEPHRYHILLS, FL 33542

New Principal Place of Business:

6117 HARRIET STREET
ZEPHRYHILLS, FL 33542 US

Current Mailing Address:

6117 HARRIET STREET
ZEPHRYHILLS, FL 33542

New Mailing Address:

6117 HARRIET STREET
ZEPHRYHILLS, FL 33542 US

FEI Number: 20-1898210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DROUILLARD, JEAN PAUL
6117 HARRIET STREET
ZEPHRYHILLS, FL 33542 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DROUILLARD, JEAN PAUL J
Address: 6117 HARRIET STREET
City-St-Zip: ZEPHRYHILLS, FL 33542

Title: V () Delete
Name: GAUDET, ALVIN
Address: 6112 CRESTON STREET
City-St-Zip: ZEPHRYHILLS, FL 33542

Title: S/T () Delete
Name: DROUILLARD, NELSON F
Address: 6022 HARRIET STREET
City-St-Zip: ZEPHRYHILLS, FL 33542

Title: D () Delete
Name: RICHMOND, BARBARA
Address: 6131 HARRIET STREET
City-St-Zip: ZEPHRYHILLS, FL 33542

Title: D () Delete
Name: DEEBLE, MIKE
Address: 6121 HARRIET STREET
City-St-Zip: ZEPHRYHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: J.P. DROUILLARD

P

01/25/2007

Electronic Signature of Signing Officer or Director

Date