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
95 MAY 12 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06279 (6)

1. Corporation Name
PINE FOREST MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
76 GARDENIA LN ORANGE CITY FL 32763 US	76 GARDENIA LN ORANGE CITY FL 32763 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1984
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2522548 ☐ 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
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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MCBRIERTY, DOUGLAS~~ ~~119 IBIS CT~~ ~~ORANGE CITY FL 32763~~	81 Name: ROGER NOREN 82 Street Address (P.O. Box Number is Not Acceptable): 26 WESTLAKE CT 83 84 City: ORANGE CITY FL 85 Zip Code: 32763

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: Roger A Noren — 4-30-95
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	NOREN, ROGER	1.2 NAME	
STREET ADDRESS	26 WESTLAKE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WEAVER, HARRY	2.2 NAME	
STREET ADDRESS	18 WESTLAKE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	2.4 CITY-ST-ZIP	
TITLE	~~SD~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~HENDERSON, RICHARD~~	3.2 NAME	JUANITA KNUTSEN
STREET ADDRESS	~~79 HOLLYHOOK CT~~	3.3 STREET ADDRESS	122 WESTLAKE DR
CITY-ST-ZIP	~~ORANGE CITY FL~~	3.4 CITY-ST-ZIP	ORANGE CITY FL
TITLE	~~T~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~MCBRIERTY, DOUGLAS~~	4.2 NAME	
STREET ADDRESS	~~119 IBIS CT~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORANGE CITY FL~~	4.4 CITY-ST-ZIP	
TITLE	DD	5.1 TITLE	☐ Change ☐ Addition
NAME	STRECTER, ALMA	5.2 NAME	
STREET ADDRESS	147 WESTLAKE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	5.4 CITY-ST-ZIP	
TITLE	DD	6.1 TITLE	☐ Change ☐ Addition
NAME	ROTE, EUGENE	6.2 NAME	
STREET ADDRESS	18 WESTLAKE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	6.4 CITY-ST-ZIP	

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4/30 5-12-95

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: Juanita Knutsen — 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031969