

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

3. Date Incorporated or Qualified  
**11/21/1984**

3a. Date of Last Report  
**05/12/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOREN, ROGER  
26 WEST LAKE COURT  
ORANGE CITY FL 32763**

81 Name

**Narus, Edwin S.**

82 Street Address (P.O. Box Number is Not Acceptable)

**143 West Lake Drive**

83

**Orange City, Florida**

84 City

FL

85 Zip Code

**32763**

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

*Ruth M. MacDonald*

**(RUTH M. MACDONALD - SECRETARY)**

**1/26/96**

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 ☒ DELETE

NAME **NOREN, ROGER**  
STREET ADDRESS **26 WESTLAKE CT**  
CITY - ST - ZIP **ORANGE CITY FL**

TITLE VD ☒ DELETE

NAME **WEAVER, HARRY**  
STREET ADDRESS **16 WESTLAKE CT**  
CITY - ST - ZIP **ORANGE CITY FL**

TITLE SD ☒ DELETE

NAME **KNUTSEN, JUANITA**  
STREET ADDRESS **122 WEST LAKE DRIVE**  
CITY - ST - ZIP **ORANGE CITY FL**

TITLE DD ☒ DELETE

NAME **STRECKER, ALMA**  
STREET ADDRESS **147 WESTLAKE DR**  
CITY - ST - ZIP **ORANGE CITY FL**

TITLE DD ☒ DELETE

NAME **ROTE, EUGENE**  
STREET ADDRESS **18 WESTLAKE CT**  
CITY - ST - ZIP **ORANGE CITY FL**

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PD

**Narus, Edwin S.**

**143 West Lake Drive**

**Orange City, Florida 32763**

VD

**Streeter, Allan W.**

**118 West Lake Drive**

**Orange City, Florida 32763**

TD

**Zeller, Marjorie L.**

**122 Iris Court**

**Orange City, Florida 32763**

SD

**MacDonald, Ruth M.**

**97 West Lake Dr.**

**Orange City, Florida 32763**

DD

**Thiessen, Lois S.**

**56 West Lake Drive**

**Orange City, Florida 32763**

DD

**Makinen, Allen**

**393 Trafford Avenue**

**Orange City, Florida 32763**

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)(k), 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:

*Ruth M. MacDonald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/96 (904) 774-9260**

Date

Daytime Phone #

CR2E037 (12/95)