

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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
US76 GARDENIA LN
ORANGE CITY FL 32763
US3. Date Incorporated or Qualified
11/21/19843a. Date of Last Report
02/01/1996

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

4. FEI Number

59-2522548

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NARUS, EDWIN S.
143 WEST LAKE DRIVE
ORANGE CITY FL 32763

81 Name

Platt, Alvin

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

4 Westlake Ct.

83

84 City

Orange 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

Agnes Briggs - Sect.

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	NARUS, EDWIN S.	143 WEST LAKE DRIVE	ORANGE CITY FL	<input type="checkbox"/>
VD	STREETER, ALLAN W.	118 WEST LAKE DRIVE	ORANGE CITY FL	<input type="checkbox"/>
TD	ZELLER, MARJORIE L.	122 IRIS COURT	ORANGE CITY FL	<input type="checkbox"/>
SD	MACDONALD, RUTH M.	97 WEST LAKE DRIVE	ORANGE CITY FL	<input type="checkbox"/>
DD	THIESSEN, LOIS S.	56 WEST LAKE DRIVE	ORANGE CITY FL	<input type="checkbox"/>
DD	MAKINEN, ALLEN	393 TRAFFORD AVENUE	ORANGE CITY FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	Platt, Alvin M.	4 Westlake Drive	Orange City, Florida 32763	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Glover, Donald K.	40 Westlake Court	Orange City, Florida 32763	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Briggs, Agnes P.	101 Westlake Drive	Orange City, Florida 32763	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Zeller, Marjorie L.	122 Iris Court	Orange City, Florida 32763	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DD	Thiessen, Lois S.	56 Westlake Drive	Orange City, Florida 32763	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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:

Agnes Briggs - Sect. 2/1/97

Date

Daytime Phone # 904-775-2012

CR2E037 (9/96)