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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N06279

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

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

Mailing Address
 76 GARDENIA LN
 ORANGE CITY FL 32763
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/21/1984
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2522548
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CROUCH, DAVID 119 IRIS COURT ORANGE CITY FL 32763	10. Name and Address of New Registered Agent 81 Name Thomas White 82 Street Address (P.O. Box Number is Not Acceptable) 83 145 Westlake Dr 84 City Orange City FL 85 Zip Code 32763
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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 L. O'Connor, Treas. 3-19-99 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, ALVIN	1.2 NAME	Thomas White
STREET ADDRESS	4 WESTLAKE DR	1.3 STREET ADDRESS	145 Westlake Dr
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	Orange City, Fl. 32763
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, DONALD K.	2.2 NAME	Claire Black
STREET ADDRESS	40 WESTLAKE CT	2.3 STREET ADDRESS	112 Westlake Dr
CITY-ST-ZIP	ORANGE CITY FL	2.4 CITY-ST-ZIP	Orange City, Fl. 32763
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, AGNES P.	3.2 NAME	Helen Platt
STREET ADDRESS	101 WESTLAKE DR	3.3 STREET ADDRESS	56 Westlake Dr.
CITY-ST-ZIP	ORANGE CITY FL	3.4 CITY-ST-ZIP	Orange City, Fl. 32763
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLER, MARJORIE L.	4.2 NAME	Agnes D'Connor
STREET ADDRESS	122 IRIS CT	4.3 STREET ADDRESS	150 Westlake Dr
CITY-ST-ZIP	ORANGE CITY FL	4.4 CITY-ST-ZIP	Orange City, Fl 32763
TITLE	DD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEISSEN, LOIS S.	5.2 NAME	Robert Breault
STREET ADDRESS	56 WEST LAKE DRIVE	5.3 STREET ADDRESS	145 Westlake Dr
CITY-ST-ZIP	ORANGE CITY FL	5.4 CITY-ST-ZIP	Orange City, Fl 32763
TITLE	DD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKINEN, ALLEN	6.2 NAME	Lynne Gilles
STREET ADDRESS	393 TRAFFORD AVENUE	6.3 STREET ADDRESS	148 Westlake Dr
CITY-ST-ZIP	ORANGE CITY FL	6.4 CITY-ST-ZIP	Orange City, Fl 32763

14. I 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, with all other like empowered.

SIGNATURE: Signature Required - Agnes L. O'Connor 904-774-0285
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 3-19-99

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 CR2E037 (11/98)