

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90018 032 ****70.00

DOCUMENT # N06279

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2522548

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHMITT, JAMES C
 4 WESTLAKE DR
 ORANGE CITY FL 32763**

Name

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

SAME

City

FL

Zip Code

8. 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

James C. Schmitt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SCHMITT, JAMES C	4 WESTLAKE DR	ORANGE CITY FL 32763	<input type="checkbox"/>
VD	KNOLL, ROBERTA	106 WESTLAKE DR	ORANGE CITY FL 32763	<input type="checkbox"/>
SD	BRIGGS, AGNES	101 WESTLAKE DRIVE	ORANGE CITY FL 32763	<input type="checkbox"/>
TD	SCHMITT, JAMES	4 WESTLAKE DR	ORANGE CITY FL 32763	<input type="checkbox"/>
DD	WILLIAMS, CHARLES	150 WESTLAKE DRIVE	ORANGE CITY FL 32763	<input type="checkbox"/>
DD	VERRIER, NICHOLAS	89 WESTLAKE DRIVE	ORANGE CITY FL 32763	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James C. Schmitt JAMES C SCHMITT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02 (386) 775-3531

Date

Daytime Phone #

CR2E037 (9/01)