
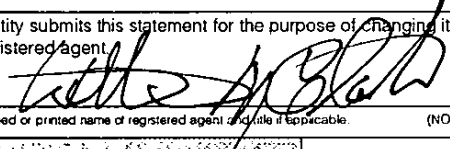
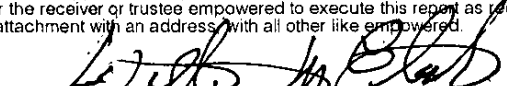


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90202 014 \*\*\*\*70.00

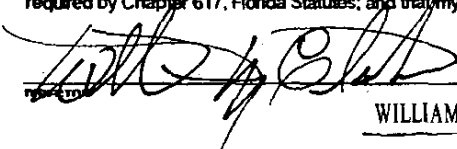
DOCUMENT # N06279					
1. Entity Name PINE FOREST MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 76 GARDENIA LN ORANGE CITY FL 32763 US		Mailing Address 76 GARDENIA LN ORANGE CITY FL 32763 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2522548	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SCHMITT, JAMES C 4 WESTLAKE DR ORANGE CITY FL 32763				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				7. Name and Address of New Registered Agent	
				Name CLARK, WILLIAM M	
				Street Address (P.O. Box Number is Not Acceptable) 91 WESTLAKE DR.	
				City ORANGE CITY	
				FL Zip Code 32763	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		WILLIAM M CLARK		02/22/05	
Signature, typed or printed name of registered agent, or both, if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMITT, JAMES C 4 WESTLAKE DR ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLARK, WILLIAM M 91 WESTLAKE DRIVE ORANGE CITY FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HORN, WILLARD 144 WESTLAKE DR ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD HORN, WILLARD 42 WESTLAKE CT ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORN, CAROL 144 WESTLAKE DRIVE ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENE, BONNIE 159 WESTLAKE DR ORANGE CITY, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHMITT, JAMES 4 WESTLAKE DR ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROWELL, HARRIET 93 WESTLAKE DR ORANGE CITY, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD SPINNEWEBER, PAUL 10 WESTLAKE DRIVE ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMRON, ROGER 46 WESTLAKE DR ORANGE CITY, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD VERRIER, NICHOLAS 89 WESTLAKE DRIVE ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERRIER, NICHOLAS 99 WESTLAKE DRIVE ORANGE CITY FL 32763	<input checked="" 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: 		WILLIAM M CLARK		02/22/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 386-456-1282	

# ATTACHMENT

40024537  
# N06279

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORSACK, STANLEY 156 WESTLAKE DRIVE ORANGE CITY FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDRA J DOWELL 85 HOLLYHOCK COURT ORANGE CITY FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

a exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if



WILLIAM M CLARK 02/22/05 386-456-1282