

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06279

FILED
Apr 03, 2007
Secretary of State

Entity Name: PINE FOREST MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

76 GARDENIA COURT
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

76 GARDENIA COURT
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 59-2522548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, WILLIAM M
91 WESTLAKE DR
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CLARK, WILLIAM M
Address: 91 WESTLAKE DR
City-St-Zip: ORANGE CITY, FL 32763

Title: PD () Delete
Name: WILSON, RON
Address: 157 WESTLAKE DR
City-St-Zip: ORANGE CITY, FL 32763

Title: SD () Delete
Name: GREENE, BONNIE
Address: 159 WESTLAKE DR
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: SCHMITT, JAMES C
Address: 4 WESTLAKE DR
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: DAMRON, ROGER
Address: 46 WESTLAKE DR
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: KASTER, CLARA
Address: 32 WESTLAKE DR
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GREENE, BONNIE
Address: 159 WESTLAKE DR
City-St-Zip: ORANGE CITY, FL 32763

Title: D (X) Change () Addition
Name: GUY, HOWARD R
Address: 381 TRAFFORD AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: TD (X) Change () Addition
Name: DAMRON, ROGER
Address: 46 WESTLAKE DR
City-St-Zip: ORANGE CITY, FL 32763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. CLARK

CD

04/03/2007

Electronic Signature of Signing Officer or Director

_____ Date