

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06279

FILED  
Apr 16, 2008  
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: 157WESTLAKE 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: GUY, HOWARD R  
Address: 381 TRAFFORD AVE  
City-St-Zip: ORANGE CITY, FL 32763

Title: TD ( ) 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: D (X) Change ( ) Addition  
Name: VAN WORMER, DAVID (BILL)  
Address: 25 WESTLAKE CT  
City-St-Zip: ORANGE CITY, FL 32763

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date