FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 15 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06452 (9)

1. Corporation Name
LONE PINE MOBILE VILLAGE HOME OWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
% AMBROSE LEBLANC 20,000 W. DIXIE HWY., LOT E514 N. MIAMI BCH FL 33180	% AMBROSE LEBLANC 20,000 W. DIXIE HWY., LOT E514 N. MIAMI BCH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1984
3a. Date of Last Report: 02/16/1994
4. FEI Number: 65-0031937 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 KATIE LINKE	26 KATIE LINKE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 19,850 W.Dixie Hwy Lot D402	27 19,850 W.Dixie Hwy Lot D402
City & State	City & State
23 North Miami Beach Fla.	28 North Miami Beach Fla.
Zip 24 33180 Country 25	Zip 29 33180 Country 30

9. Name and Address of Current Registered Agent

LEBLANC, AMBROSE
20,000 W. DIXIE HWY., LOT E514
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name: KATIE LINKE
82 Street Address (P.O. Box Number is Not Acceptable): 19,850 W. Dixie Hwy LOT D402
83 City: North Miami Beach Fla.
84 City: FL 85 Zip Code: 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Katie Linke — 02-8-1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HUNEAULT, GAETAN MR	12 NAME	
STREET ADDRESS	20000 W. DIXIE HWY #503	13 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL 33180	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	MORAND, LUCIEN M	22 NAME	SD. ROLLANDE DUROCHER
STREET ADDRESS	20000 W. DIXIE HWY. #712	23 STREET ADDRESS	20,000 W. Dixie Hwy Lot 604
CITY-ST-ZIP	N. MIAMI BCH FL	24 CITY-ST-ZIP	North Miami Beach Fla. 33180
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	ARSENAULT, LEGER MR	32 NAME	
STREET ADDRESS	20000 W. DIXIE HWY #606	33 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL 33180	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	GIROUX, JEANNINE MRS.	42 NAME	TD LOUISE DESCHENES
STREET ADDRESS	2000 W DIXIE HWY D-411	43 STREET ADDRESS	20,000 W. Dixie Hwy Lot829
CITY-ST-ZIP	N. MIAMI BCH FL	44 CITY-ST-ZIP	North Miami Beach Fla. 33180
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	FRABOTTA, CHRISTOPHER M	52 NAME	D LEON CADIEUX
STREET ADDRESS	20000 DIXIE HWY #728	53 STREET ADDRESS	20,000 W, Dixie Hwy Lot 610
CITY-ST-ZIP	N. MIAMI BCH FL	54 CITY-ST-ZIP	North Miami Beach Fla. 33180
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	FRABOTTA, LUCILLE MRS	62 NAME	D REAL MOREAU
STREET ADDRESS	20000 W DIXIE HWY #728	63 STREET ADDRESS	20,000 W. Dixie Hwy Lot 508
CITY-ST-ZIP	N MIAMI BCH FL 33180	64 CITY-ST-ZIP	North Miami Beach Fla. 33180

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Rollande Durocher D.D. — 02-8-1995 — 1-305-931-0368
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) Date (Daytime Phone #)

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