

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 04 1997 8:00am
Secretary of StateDOCUMENT # **N06452 (9)**

1. Corporation Name

**LONE PINE MOBILE VILLAGE HOME OWNERS ASSOCIATION
, INC.**

Principal Place of Business

Mailing Address

%KATIE LINKE
19,850 W DIXIE HWY LOT D402
N. MIAMI BCH FL 33180
US%KATIE LINKE
19,850 W DIXIE HWY LOT D402
N. MIAMI BCH FL 33180-2245
US

3. Date Incorporated or Qualified

12/04/1984

3a. Date of Last Report

02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINKE, KATIE
19,850 W DIXIE HWY
LOT D402
N. MIAMI BEACH FL 33180

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 **D** ☐ DELETE
NAME **PARENT, RHODA**
STREET ADDRESS **20000 W DIXIE HWY LOT B200**
CITY-ST-ZIP **N MIAMI BEACH FL**1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **ARSENEAULT BRIGITTE**
1.3 STREET ADDRESS **20000 W Dixie Hwy Lot 606**
1.4 CITY-ST-ZIP **N.Miami Beach FL 33180**TITLE **SD** ☐ DELETE
NAME **DUROCHER, ROLLANDE**
STREET ADDRESS **20,00 W DIXIE HWY LOT 604**
CITY-ST-ZIP **N. MIAMI BCH FL 33180**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **VD** ☐ DELETE
NAME **ARSENAULT, LEGER MR**
STREET ADDRESS **20000 W. DIXIE HWY #606**
CITY-ST-ZIP **N. MIAMI BCH FL 33180**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **TD** ☒ DELETE
NAME **DESCHENES, LOUISE**
STREET ADDRESS **20,000 W DIXIE HWY LOT 829**
CITY-ST-ZIP **N. MIAMI BCH FL 33180**4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **GAUDREAULT IRENE**
4.3 STREET ADDRESS **20000 W.Dixie Hwy Lot819**
4.4 CITY-ST-ZIP **N.Miami Beach FL. 33180**TITLE **D** ☒ DELETE
NAME **CADIEUX, LEON**
STREET ADDRESS **20,000 W DIXIE HWY LOT 610**
CITY-ST-ZIP **N. MIAMI BCH FL 33180**5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **THIBEAULT PAUL**
5.3 STREET ADDRESS **20000 W.Dixie Hwy Lot729**
5.4 CITY-ST-ZIP **N.Miami Beach FL. 33180**TITLE **D** ☒ DELETE
NAME **MOREAU, REAL**
STREET ADDRESS **20,000 W DIXIE HWY LOT 508**
CITY-ST-ZIP **N MIAMI BCH FL 33180**6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **FAUCHER RICHARD**
6.3 STREET ADDRESS **19850 W Dixie Hwy Lot 106**
6.4 CITY-ST-ZIP **N.Miami Beach FL. 33180**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roland Durocher

January 24/1997

305-931-0368

Daytime Phone # 0033484

CR2E037 (9/96)