


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 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 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	Country	Country
24	25	29	30

3. Date Incorporated or Qualified 12/04/1984	
4. FEI Number 65-0031937	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
LINKE, KATIE 19,850 W DIXIE HWY LOT D402 N. MIAMI BEACH FL 33180	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARENT, RHODA	1.2 NAME	BRIGITTE ARSENEAULT
STREET ADDRESS	20000 W DIXIE HWY LOT B200	1.3 STREET ADDRESS	20000 W Dixie Hwy Lot F606
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	N.Miami Beach Fl. 33180
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUROCHER, ROLLANDE	2.2 NAME	
STREET ADDRESS	20,00 W DIXIE HWY LOT 604	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL 33180	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARSENAULT, LEGER MR	3.2 NAME	
STREET ADDRESS	20000 W. DIXIE HWY #606	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL 33180	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDREAULT, IRENE	4.2 NAME	
STREET ADDRESS	20,000 W. DIXIE HWY., LOT 819	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIBEAULT, PAUL	5.2 NAME	
STREET ADDRESS	20,000 W. DIXIE HWY., LOT 729	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUCHER, RICHARD	6.2 NAME	
STREET ADDRESS	19850 W. DIXIE HWY., LOT 106	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	6.4 CITY-ST-ZIP	

14. 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 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: *Rolland Durocher* *01-29-1998 305-9360368*

CR2E037 (10/97)