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Apr 26, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # NO6452 | | | |
| 1. Corporation Name <i>Lone Pine mobile Village Homeowners Association Inc.</i> 20000 Dixie Hwy North Miami Beach FL 33180 | | | |
| Principal Place of Business <i>20000 West Dixie Hwy</i> <i>North Miami Beach FL 33180</i> | | Mailing Address | |
| 2. Principal Place of Business 21 <i>471 Cardinal Begin E</i> Suite, Apt. #, etc. | 2a. Mailing Address 26 <i>471 Cardinal Begin E</i> Suite, Apt. #, etc. | 3. Date Incorporated or Qualified <i>December 4 1984</i> | |
| 22 City & State <i>Rouyn-Noranda (Quebec)</i> | 27 City & State <i>Rouyn-Noranda (Quebec)</i> | 4. FEI Number <i>65-003937</i> <i>6752</i> | 5 Applied For <input checked="" type="checkbox"/> Not Applicable |
| 23 Zip <i>59X 3H6</i> | 25 Country <i>Canada</i> | 29 Zip <i>59X 3H6</i> | 30 Country <i>Canada</i> |
| 9. Name and Address of Current Registered Agent <i>% Katie Linke</i> <i>19850 W. Dixie Hwy Lot D-402</i> <i>North Miami Beach FL 33180</i> | | 10. Name and Address of New Registered Agent | |
| 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. | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <div style="text-align: right;">FL</div> | |
| 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 <i>President</i> <input checked="" type="checkbox"/> DELETE NAME <i>Brigitte Arseneault</i> STREET ADDRESS <i>20000 W Dixie Hwy Lot F606</i> CITY-ST-ZIP <i>North Miami Beach FL 33180</i> | 1.1 TITLE <i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <i>Richard Fauchen</i> 1.3 STREET ADDRESS <i>20000 W. Dixie Hwy Lot 106</i> 1.4 CITY-ST-ZIP <i>North Miami Beach FL 33180</i> | 2.1 TITLE <i>Vice-President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <i>Pate Thibault</i> 2.3 STREET ADDRESS <i>20000 Dixie W Hwy Lot 729</i> 2.4 CITY-ST-ZIP <i>North Miami Beach FL 33180</i> | |
| TITLE <i>Vice-President</i> <input checked="" type="checkbox"/> DELETE NAME <i>Legen Arseneault</i> STREET ADDRESS <i>20000 W Dixie Hwy Lot F606</i> CITY-ST-ZIP <i>North Miami Beach FL 33180</i> | 3.1 TITLE <i>Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <i>Gerald Vachon</i> 3.3 STREET ADDRESS <i>20000 W Dixie Hwy Lot 105</i> 3.4 CITY-ST-ZIP <i>North Miami Beach FL 33180</i> | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE <i>Secretary</i> <input checked="" type="checkbox"/> DELETE NAME <i>Rolande Durochers</i> STREET ADDRESS <i>20000 W Dixie Hwy Lot F604</i> CITY-ST-ZIP <i>North Miami Beach FL 33180</i> | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 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, with all other like empowered.

SIGNATURE: *Richard Fauchen* **APRIL FIFTH 1999** (305) 932-7509 (450) 778-2395
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)