

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90009 048 \*\*\*\*\*70.00

**DOCUMENT # N08674**

1. Entity Name

PINECREST MOBILE HOME PARK RESIDENTS, INC. OF  
ZEPHYRHILLS, FLORIDA



Principal Place of Business

6037 HARRIET ST  
ZEPHYRHILLS FL 33542

Mailing Address

6037 HARRIET ST  
ZEPHYRHILLS FL 33542

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2874591

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GORDON, SCOTT E  
240 S PINAPPLE AVE  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

EDWARD PAPP

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

6107 CRESTON STREET

City

ZEPHYRHILLS

FL

Zip Code

33542

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Edward A. Papp* EDWARD A. PAPP, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

1/24/06

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00** May Be

Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HIATT, JOHN	
STREET ADDRESS	6037 MINERVA STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOURBIN, DON	
STREET ADDRESS	6047 MINERVA STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOENS, KATHRYN	
STREET ADDRESS	6132 HARRIET ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER, MARGARET	
STREET ADDRESS	6123 CRESTON STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, JACK	
STREET ADDRESS	6009 CRESTON ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	P	<input type="checkbox"/> Delete
NAME	PAPP, EDWARD	
STREET ADDRESS	6107 CRESTON ST CRESTON ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542 33542	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY AMELOOT	
STREET ADDRESS	6014 HARRIET STREET	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edward A. Papp* EDWARD A. PAPP, PRESIDENT

813 782 6112