


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90015 047 \*\*\*\*70.00

<b>DOCUMENT # N08674</b> 1. Entity Name <b>PINECREST MOBILE HOME PARK RESIDENTS, INC. OF ZEPHYRHILLS, FLORIDA</b>			
Principal Place of Business <b>6037 HARRIET ST ZEPHYRHILLS FL 33542</b>		Mailing Address <b>6037 HARRIET ST ZEPHYRHILLS FL 33542</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>6043 HARRIET ST</b> City & State <b>ZEPHYRHILLS, FL</b> Zip <b>33542</b>		3. Mailing Address Suite, Apt. #, etc. <b>6043 HARRIET ST</b> City & State <b>ZEPHYRHILLS, FL</b> Zip <b>33542</b>	
4. FEI Number <b>59-2874591</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PAPP, EDWARD 6107 CRESTON ST ZEPHYRHILLS FL 33542</b>		7. Name and Address of New Registered Agent Name <b>BOURBIN, DON</b> Street Address (P.O. Box Number is Not Acceptable) <b>6047 MINERVA STREET</b> City <b>ZEPHYRHILLS</b> <b>FL</b> Zip Code <b>33542</b>	
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 <u><i>Don Bourbin</i></u> <b>PRESIDENT TO THE BOARD</b> <b>3/14/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
	D AMELOOT, HENRY		VICE - PRESIDENT
STREET ADDRESS	6014 HARRIET ST		JOHN HIATT
CITY - ST - ZIP	ZEPHYRHILLS FL 33542		6037 MINERVA ST
			ZEPHYRHILLS, FL 33542
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	VP		PRESIDENT
	BOURBIN, DON		DON BOURBIN
STREET ADDRESS	6047 MINERVA STREET		6047 MINERVA ST
CITY - ST - ZIP	ZEPHYRHILLS FL 33542		ZEPHYRHILLS, FL 33542
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D		SECRETARY / TREASURER
	GOENS, KATHRYN		VENESSA CONRAD
STREET ADDRESS	6132 HARRIET ST		6049 MINERVA STREET
CITY - ST - ZIP	ZEPHYRHILLS FL 33542		ZEPHYRHILLS, FL 33542
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	ST		DIRECTOR
	MILLER, MARGARET		JOYCE MAKSIMCHUK
STREET ADDRESS	6123 CRESTON STREET		6051 CRESTON ST
CITY - ST - ZIP	ZEPHYRHILLS FL 33542		ZEPHYRHILLS, FL 33542
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D		DIRECTOR
	BARNES, JACK		JACK STIRLING
STREET ADDRESS	6009 CRESTON ST		6110 CRESTON STREET
CITY - ST - ZIP	ZEPHYRHILLS FL 33542		ZEPHYRHILLS, FL 33542
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	P		
	PAPP, EDWARD		
STREET ADDRESS	6107 CRESTON ST		
CITY - ST - ZIP	ZEPHYRHILLS FL 33541		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Don Bourbin</i></u> <b>PRESIDENT</b> <b>3/14/07</b> <b>8137826112</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>			