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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N08756**

1. Corporation Name

PALMS & PINES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
500 N. MAITLAND AVENUE SUITE 203 MAITLAND FL 32751 US	500 N. MAITLAND AVENUE SUITE 203 MAITLAND FL 32751 US

2. Principal Place of Business 21 5400 Riverside Rd	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/17/1985
Suite, Apt. #, etc. 22 B6X 3497	Suite, Apt. #, etc. 27	4. FEI Number 59-1038375 ☐ Applied For ☐ Not Applicable
City & State 23 Punta Gorda FL	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33982 25 USA	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLLING, LEE JAY 500 N. MAITLAND AVENUE SUITE 203 MAITLAND FL 32751	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HESS, ROBERT W		1.2 NAME	
STREET ADDRESS	3497 PALMS & PINES		1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REDFORD, RAY		2.2 NAME	
STREET ADDRESS	3319 PALMS & PINES MHP		2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KIRTS, JOHN		3.2 NAME	
STREET ADDRESS	3375 PALMS & PINES MHP		3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590		3.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHEPHERD, BEATRICE		4.2 NAME	
STREET ADDRESS	PALMS & PINES #3431		4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GIBSON, SHIRL		5.2 NAME	
STREET ADDRESS	PALMS & PINES #3328		5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, HAROLD		6.2 NAME	
STREET ADDRESS	3324 PALMS & PINES MHP		6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33982-1590		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: SIGNATURE REQUIRED 1/25/99 (941) 637-1556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #