


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90100 025 ****61.25

DOCUMENT # N08756 1. Entity Name PALMS & PINES MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 5400 RIVERSIDE RD. BOX 3497 PUNTA GORDA, FL 33982 US			Mailing Address 682 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLLING, LEE JAY 682 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____				4. FEI Number 59-1038375	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSCH, DARREL 5400 RIVERSIDE DR, BOX 3375 PUNTA GORDA, FL 339821590 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LHAMPE, JOHN 5400 RIVERSIDE DR, BOX 3435 PUNTA GORDA, FL 339821590 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARNOLD PRITIGREW # 87 5400 RIVERSIDE DR PUNTA GORDA FL, 33982-1590 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOEANE, LER 5400 RIVERSIDE DR, BOX 3304 PUNTA GORDA, FL 339821590 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICK PRESIDENT JOHN LIND 5400 RIVERSIDE DR # 2 PUNTA GORDA, FL 33982-1590 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LERAEQU, LMAKSHA 5400 RIVERSIDE DR, BOX 3374 PUNTA GORDA, FL 339821590 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BIBBLY LIND 5400 RIVERSIDE DR # 2 PUNTA GORDA, FL, 33982-1590 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HESS, ROBERT W 5400 RIVERSIDE DR BOX 3497 PUNTA GORDA, FL 339821590 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DULIN, BASIL 5400 RIVERSIDE DR, BOX 3317 PUNTA GORDA, FL 339821590 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ADAMS, GEMIA 5400 RIVERSIDE DR BOX #11 PUNTA GORDA, FL 33982-1590 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: Robert W Hess, Sr. ROBERT W. HESS, SR. 3/10/05 941-637-1556 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					