

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

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90042 049 \*\*\*\*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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1038375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☒ Delete  
NAME BUSCH, DARREL  
STREET ADDRESS 5400 RIVERSIDE DR, BOX 3375  
CITY-ST-ZIP PUNTA GORDA FL 33982-1590

TITLE ☐ Delete  
NAME PATTIGREN, ARNOLD  
STREET ADDRESS 5400 RIVERSIDE DR #89  
CITY-ST-ZIP PUNTA GORDA FL 33982-1590

TITLE ☐ Delete  
NAME LIND, JOHN  
STREET ADDRESS 5400 RIVERSIDE DR #2  
CITY-ST-ZIP PUNTA GORDA FL 33982-1590

TITLE ☒ Delete  
NAME LIND, BEVERLY  
STREET ADDRESS 5400 RIVERSIDE DR #2  
CITY-ST-ZIP PUNTA GORDA FL 33982-1590

TITLE ☒ Delete  
NAME HESS, ROBERT W  
STREET ADDRESS 5400 RIVERSIDE DR BOX 3497  
CITY-ST-ZIP PUNTA GORDA FL 33982-1590

TITLE ☐ Delete  
NAME GENIA, ADAM S  
STREET ADDRESS 5400 RIVERSIDE DR #11  
CITY-ST-ZIP PUNTA GORDA FL 33982-1590

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME ~~JOHN~~ TULL, JOANN  
STREET ADDRESS 5400 RIVERSIDE DR BOX 3497  
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME GUNTER, GWEN  
STREET ADDRESS 263 SALEM AVE NW  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE ☐ Change ☒ Addition  
NAME DEMON BRAUN, DARRELL  
STREET ADDRESS 5400 RIVERSIDE DR BOX 3497  
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE ☐ Change ☐ 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.