

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08756

FILED
Feb 17, 2010
Secretary of State

Entity Name: PALMS & PINES MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5400 RIVERSIDE RD.
BOX 3497
PUNTA GORDA, FL 33982 US

New Principal Place of Business:

Current Mailing Address:

5400 RIVERSIDE RD.
BOX 3336
PUNTA GORDA, FL 33982 US

New Mailing Address:

5400 RIVERSIDE RD.
BOX 3317
PUNTA GORDA, FL 33982 US

FEI Number: 59-1038375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLING, LEE JAY
529 VERSAILLES DRIVE
SUITE 103
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T
Name: HOOPER, CAROLYN
Address: 5400 RIVERSIDE DR #
City-St-Zip: PUNTA GORDA, FL 33982

Title: P
Name: LIND, JOHN
Address: 5400 RIVERSIDE DR #3317
City-St-Zip: PUNTA GORDA, FL 33982

Title: VP
Name: ADAMS, ELDON
Address: 5400 RIVERSIDE DR #3442
City-St-Zip: PUNTA GORDA, FL 33982

Title: D
Name: DULIN, BASIL
Address: 5400 RIVERSIDE DR #3489
City-St-Zip: PUNTA GORDA, FL 33982

Title: S
Name: ADAMS, GENIA
Address: 5400 RIVERSIDE DR #3442
City-St-Zip: PUNTA GORDA, FL 33482

Title: D
Name: NEILL, RAYMOND
Address: 5400 RIVERSIDE DR
City-St-Zip: PUNTA GORDA, FL 339821590

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN LIND

P

02/17/2010

Electronic Signature of Signing Officer or Director

_____ Date