



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90130 049 \*\*\*\*61.25

<b>DOCUMENT # N13989</b> 1. Entity Name PINE HAVEN MOBILE HOME PARK ASSOCIATION, INC.					
Principal Place of Business 6320 14TH ST. W. #2 BRADENTON, FL 34207 US			Mailing Address 6320 14TH ST. W. #2 BRADENTON, FL 34207 US		
2. Principal Place of Business  Suite, Apt. #, etc. <b>Lot 8</b>		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2767886	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  ROBINSON, THOMAS G 6320 14TH ST. W, LOT 20 BRADENTON, FL 34207				7. Name and Address of New Registered Agent Name <b>JOHN H JONES</b> Street Address (P.O. Box Number is Not Acceptable) <b>6320 14TH ST W LOT 8</b> City <b>BRADENTON</b> FL Zip Code <b>34207</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>John H Jones</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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 STREET ADDRESS CITY-ST-ZIP	P HALOUSKA, LARRY 6320 14TH W LOT 33 BRADENTON, FL 34207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN H JONES 6320 14TH W LOT 8 BRADENTON FL 34207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINGENPEEL, DALE 6320 14TH W LOT 65 BRADENTON, FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, GOLDIE 6320 14TH LOT 53 BRADENTON, FL 34207	<input checked="" 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	T ROBINSON, THOMAS G 6320 14TH LOT 20 BRADENTON, FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERIFF, GLENN 6320 14TH LOT 29 BRADENTON, FL 34207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TY INMAN 6320 14TH W LOT 14 BRADENTON FL 34207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P TORREZ, JUAN 6320 14TH LOT 15 BRADENTON, FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 Chapter 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>JOHN H JONES</i></u> <u><i>John H Jones</i></u> 1-740-739-1760 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					