2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N14982

Entity Name: PLEASANT LIVING MOBILE HOME RECREATION CLUB INC.

Current Principal Place of Business:

315 PLEASANT BLVD.
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

304 MURPHY DR.
RIVERVIEW, FL 33569 US

New Mailing Address:

FEI Number: 59-2953529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, FRED
304 MURPHY DR.
RIVERVIEW, FL 33569 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:	PD	( ) Delete
Name:	BROWN, JEAN	
Address:	212 INDIAN DRIVE	
City-St-Zip:	RIVERVIEW, FL 33569 US	
Title:	VPD	( ) Delete
Name:	MARTIN, BERNADETTE	
Address:	211 KARI DR.	
City-St-Zip:	RIVERVIEW, FL 33569 US	
Title:	TD	( ) Delete
Name:	WILLIARD, DI ANN	
Address:	203 OKLAWAHA DR.	
City-St-Zip:	RIVERVIEW, FL 33569 US	
Title:	S	( ) Delete
Name:	VAN BUSKIRK, HELEN	
Address:	225 OKLAWAHA DR.	
City-St-Zip:	RIVERVIEW, FL 33569 US	
Title:	D	( ) Delete
Name:	BROWN, FRED	
Address:	304 MURPHY DR.	
City-St-Zip:	RIVERVIEW, FL 33569 US	
Title:	D	( ) Delete
Name:	MOORE, LINDA	
Address:	305 INDIAN DR.	
City-St-Zip:	RIVERVIEW, FL 33569 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	O'LEARY, LU	
Address:	309 KARI DR.	
City-St-Zip:	RIVERVIEW, FL 33569 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FREDERICK W. BROWN D 01/13/2009
Electronic Signature of Signing Officer or Director — Date