


FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25532** (5)

1. Corporation Name

BIG PINE ACRES MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O GUILFORD MACDONALD 3290 W PARKVILLE ST LOT #8 LECANTO FL 34461 US	Mailing Address C/O GUILFORD MACDONALD 3290 W PARKVILLE ST LOT #8 LECANTO FL 34461-7813 US
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3. Date Incorporated or Qualified 03/22/1988	3a. Date of Last Report 04/06/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2891437	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, RICHARD
3290 W PARKVILLE STREET
LOT#9
LECANTO FL 34461**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **RICHARD WRIGHT PRESIDENT** **31 Mar 1997**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TSO	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MACDONALD, GUILFORD		1.2 NAME SEINKNER JOSEPH LOT 20	
STREET ADDRESS 3290 W PARKVILLE STR, LOT 8		1.3 STREET ADDRESS 3290 W PARKVILLE ST.	
CITY-ST-ZIP LECANTO FL		1.4 CITY-ST-ZIP LECANTO FL	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WRIGHT, RICHARD		2.2 NAME GERTRAUDE STILES LOT 3	
STREET ADDRESS 3290 W PARKVILLE ST LOT 9		2.3 STREET ADDRESS 3290 W PARKVILLE	
CITY-ST-ZIP LECANTO FL		2.4 CITY-ST-ZIP LECANTO FL	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ENGLEMAN, GEORGE		3.2 NAME PROCEK MICHAEL LOT 25	
STREET ADDRESS 3290 W PARKVILLE ST. LOT 34		3.3 STREET ADDRESS 3290 W PARKVILLE ST.	
CITY-ST-ZIP LECANTO FL		3.4 CITY-ST-ZIP LECANTO FL	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWEN, JOHN		4.2 NAME	
STREET ADDRESS 3290 PARKVILLE ST., LOT 24		4.3 STREET ADDRESS	
CITY-ST-ZIP LECANTO FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LONGTINE, ROBERT		5.2 NAME	
STREET ADDRESS 3290 W PARKVILLE ST #14		5.3 STREET ADDRESS	
CITY-ST-ZIP LECANTO FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARNEY, IRENE		6.2 NAME	
STREET ADDRESS 3290 W PARKVILLE ST. LOT #17		6.3 STREET ADDRESS	
CITY-ST-ZIP LECANTO FL		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 officer or trustee employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if by board or on an attachment with an address.

SIGNATURE: **RICHARD WRIGHT** **31 March 1997 (BS) 527-0490**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **0085449**

CR2E037 (9/96)