

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

DOCUMENT # N25532

1. Entity Name

BIG PINE ACRES MOBILE HOMEOWNERS ASSOCIATION, INC.



FILED

2006 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3290 W PARKVILLE ST
LOT 19
LECANTO FL 34461-7914
US

Mailing Address

3290 W PARKVILLE ST
LOT 19
LECANTO FL 34461-7914
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

59-2891437

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

GRIEGOSCHEWSKI, JURGEN
3290 W PARKVILLE ST
LOT 19
LECANTO FL 34461-7914

Name

Street Address (P.O. Box Number is Not Acceptable)

500080698385

10/11/06--01004--005 **\$1.25

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

J. GRIEGOSCHEWSKI

(NOTE: Registered Agent signature required when re-registering)

FEB 10, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME GRIEGOSCHEWSKI, JURGEN
STREET ADDRESS 3290 W PARKVILLE ST, LOT 19
CITY-ST-ZIP LECANTO FL 34461-7914

TITLE D ☐ Change ☒ Addition
NAME HOBBS, CARL
STREET ADDRESS 3290 W PARKVILLE ST, LOT 26
CITY-ST-ZIP LECANTO FL 34461-7914

TITLE SD ☐ Delete
NAME DUNN, DEANNA
STREET ADDRESS 3290 W. PARKVILLE ST., #15
CITY-ST-ZIP LECANTO FL 34461-7914

TITLE D ☐ Change ☒ Addition
NAME BOYD, JAMES
STREET ADDRESS 3290 W PARKVILLE ST LOT 28
CITY-ST-ZIP LECANTO FL 34461-7914

TITLE VP ☐ Delete
NAME TURNER, BRUCE
STREET ADDRESS 3290 W PARKVILLE ST, LOT 21
CITY-ST-ZIP LECANTO FL 34461-7914

TITLE D ☐ Change ☒ Addition
NAME SHOLLETT, ROBERT
STREET ADDRESS 3290 W PARKVILLE ST, LOT 32
CITY-ST-ZIP LECANTO FL 34461-7914

TITLE TD ☐ Delete
NAME TOMLIN, RAMONA
STREET ADDRESS 3290 W PARKVILLE ST LOT #6
CITY-ST-ZIP LECANTO FL 34461-7914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500080698385
CITY-ST-ZIP 10/11/06--01004--006 **\$175.00

TITLE T ☐ Delete
NAME SHOLLETT, JOAN
STREET ADDRESS 3290 W PARKVILLE ST, LOT 23
CITY-ST-ZIP LECANTO FL 34461-7914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS RESTATEMENT 06
CITY-ST-ZIP B 10/16/06

TITLE D ☐ Delete
NAME AURIN, WALTER
STREET ADDRESS 3290 W PARKVILLE ST LOT #17
CITY-ST-ZIP LECANTO FL 34461-7914

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.

SIGNATURE:

J. GRIEGOSCHEWSKI FEB 10, 2006 352-586-0939