2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90022 048 ****61.25

DOCUMENT # N25532

1. Entity Name
BIG PINE ACRES MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3290 W PARKVILLE ST LOT 19 LECANTO, FL 34461-7914 US	3290 W PARKVILLE ST LOT 19 LECANTO, FL 34461-7914 US

02142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3290 W. Parkville	3290 W. Parkville St
Suite, Apt. #, etc.: Lot # 21	Suite, Apt. #, etc.: Lot # 21
City & State: Lecanto, FL	City & State: Lecanto, FL
Zip: 34461-7914 / Country: U.S.	Zip: 34461-7914 / Country: U.S.

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: Bruce Turner Street Address (P.O. Box Number is Not Acceptable): 3290 W. Parkville St Lot # 21 City: Lecanto FL Zip Code: 34461-7914

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: Bruce E. Turner BRUCE E. TURNER 4-15-08
Signature, typed or ~~printed name of registered~~ agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	TITLE	~~President~~ ☐ Change ☑ Addition
NAME	GRIEGOSCHEWSKI, JURGEN	NAME	Bruce Turner
STREET ADDRESS	3290 W PARKVILLE ST, LOT 19	STREET ADDRESS	3290 W. Parkville St. Lot #21
CITY-ST-ZIP	LECANTO, FL 344617914	CITY-ST-ZIP	Lecanto, FL 344617914
TITLE	SD ☐ Delete	TITLE	VP ~~President~~ ☐ Change ☑ Addition
NAME	DUNN, DEANNA	NAME	Richard Dunn Sr.
STREET ADDRESS	3290 W. PARKVILLE ST., #15	STREET ADDRESS	3290 W. Parkville St Lot #15
CITY-ST-ZIP	LECANTO, FL 344617914	CITY-ST-ZIP	Lecanto, FL 344617914
TITLE	VP ☑ Delete	TITLE	D. ☐ Change ☑ Addition
NAME	BOYD, JAMES	NAME	Gary Boyd
STREET ADDRESS	3290 W. PARKVILLE ST., LOT 28	STREET ADDRESS	3290 W Parkville St Lot #24
CITY-ST-ZIP	LECANTO, FL 344617914	CITY-ST-ZIP	Lecanto, FL 344617914
TITLE	D ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	FARRELL, JACK	NAME	Carl Hobbs
STREET ADDRESS	3290 W. PARKVILLE ST., LOT 16	STREET ADDRESS	3290 W Parkville St Lot # 26
CITY-ST-ZIP	LECANTO, FL 344617914	CITY-ST-ZIP	Lecanto, FL 344617914
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHOLLETT, JOAN	NAME	
STREET ADDRESS	3290 W PARKVILLE ST, LOT 23	STREET ADDRESS	
CITY-ST-ZIP	LECANTO, FL 344617914	CITY-ST-ZIP	
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	AURIN, WALTER	NAME	
STREET ADDRESS	3290 W PARKVILLE ST LOT #17	STREET ADDRESS	
CITY-ST-ZIP	LECANTO, FL 344617914	CITY-ST-ZIP	

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: Bruce E. Turner BRUCE E. TURNER 4-15-08 352-746-7826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #