

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37157 (7)
1. Corporation Name
PINE LAKE OF LAKELAND MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**% WANDA ENGLAND
7805 US HWY 98 N LOT #B-19
LAKELAND FL 33809**

Mailing Address
**% WANDA ENGLAND
7805 US HWY 98 N LOT #B-19
LAKELAND FL 33809**

3. Date Incorporated or Qualified
03/15/1990

3a. Date of Last Report
02/10/1995

4. FEI Number
59-2998066

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

**ENGLAND, WANDA
7805 US HWY 98 N LOT #B-19
LAKELAND FL 33809**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

Signature, typed or printed name of registered agent and filer of application

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, NORMAN	
STREET ADDRESS	7805 US 98 N #C-50	
CITY - ST - ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OLSON, BARBARA	
STREET ADDRESS	7805 US 98 N #D-59	
CITY - ST - ZIP	LAKELAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PAGE, CORRINE	
STREET ADDRESS	7805 US 98 N #D-56	
CITY - ST - ZIP	LAKELAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	OLSON, BARBARA	
STREET ADDRESS	7805 US HWY 98 N #LOT 59	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Wayne Martin	
13 STREET ADDRESS	7805 US 98 N #A-9	
14 CITY - ST - ZIP	Lakeland, FL 33809	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Norma Heaton	
33 STREET ADDRESS	7805 US 98 N #D-69	
34 CITY - ST - ZIP	Lakeland, FL 33809	
41 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Corrine F. Page	
43 STREET ADDRESS	7805 US 98 N #D-56	
44 CITY - ST - ZIP	Lakeland, FL 33809	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)