


FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37157					
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 %RON RILEY 7805 US 98 N LOT #C-42 LAKELAND FL 33809 US		



2. Principal Place of Business 22 Lake M H P Suite, Apt. #, etc. 7805 US 98 N City & State LAKELAND, Florida Zip Country 33809 POLK		2a. Mailing Address 26 Muriel Dan Suite, Apt. #, etc. 7805 US 98 N Lot 60 City & State Lakeland, Florida Zip Country 33809 Polk		3. Date Incorporated or Qualified 03/15/1990	
		4. FEI Number 59-2998066		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent RONALD RILEY 7805 U.S. 98 N, #C-42 LAKELAND FL 33809		10. Name and Address of New Registered Agent 81 Name Muriel Dan 82 Street Address (P.O. Box Number is Not Acceptable) 7805 US 98 N Lot 60 83 84 City Lakeland FL 85 Zip Code 33809			
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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 <i>Muriel Dan</i> Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS			
TITLE <input type="checkbox"/> DELETE NAME PD OLSON, BARBARA STREET ADDRESS 7805 US 98 N #59 CITY-ST-ZIP LAKELAND FL 33809		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Same Barbara Olson 1.3 STREET ADDRESS 7805 US 98 N Lot 59 1.4 CITY-ST-ZIP Lakeland FL 33809	
TITLE <input type="checkbox"/> DELETE NAME VD GARCIA, VICTOR STREET ADDRESS 7805 US 98 N #C-42 CITY-ST-ZIP LAKELAND FL 33809		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME VP d Keith Yost 2.3 STREET ADDRESS 7805 US 98 N Lot 43 2.4 CITY-ST-ZIP LAKELAND FL 33809	
TITLE <input type="checkbox"/> DELETE NAME SD HEATON, NORMA STREET ADDRESS 7805 US 98 N #D69 CITY-ST-ZIP LAKELAND FL		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Same NORMA HEATON 3.3 STREET ADDRESS 7805 US 98 N Lot 69 3.4 CITY-ST-ZIP Lakeland, FL 33809	
TITLE <input checked="" type="checkbox"/> DELETE NAME TD DAN, MURIEL STREET ADDRESS 7805 US 98 N, #D60 CITY-ST-ZIP LAKELAND FL 33809		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME None As yet 4.3 STREET ADDRESS XXXXXXXXXXXXXXXXXX 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME D Virgil Armstrong 5.3 STREET ADDRESS 7805 US 98 N Lot 26 5.4 CITY-ST-ZIP Lakeland, KFL 33809	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: *Barbara Olson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

981-859-0885

CR2E037 (1/98)