2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90367 012 ****61.25

DOCUMENT # N37157

1. Entity Name
PINE LAKE OF LAKELAND MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ATTN: KEITH YOST 7805 US 98 N.#43 LAKELAND, FL 33809	ATTN: KEITH YOST 7805 US 98 N.#43 LAKELAND, FL 33809

03062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
ATTN: DONALD SHEARL	7805 US 98 N #27
Suite, Apt. #, etc.: 7805 US98N#27	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: LAKELAND FL
Zip: 33809 Country: POLK	Zip: 33809 Country: POLK

4. FEI Number: 59-2998066 ☐ 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
ENGLAND, WANDA 7805 US 98 N. LOT 19 LAKELAND, FL 33809	Name: DONALD SHEARL Street Address (P.O. Box Number is Not Acceptable): 7805 N US 98 #27 City: Lakeland FL Zip Code: 33809

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: Donald C Shearl 3-7-07
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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YOST, KEITH 7805 US 98 N, #43 LAKELAND, FL 33809	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD DONALD SHEARL 7805 US 98 N #27 LAKELAND, FL 33809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHEARL, DONALD 7805 US 98 N, #27 LAKELAND, FL 33809	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD MARY JOHNSON 7805 US 98 N #38 LAKELAND, FL 33809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YOST, EUNICE 7805 US 98 N, #43 LAKELAND, FL 33809	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ELEANOR GUSTAVSEN 7805 US 98 N #8 LAKELAND, FL 33809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VERNON, JOHN 7805 US 98 N LAKELAND, FL 33809	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD DAWN REED 7805 US 98 N #88 LAKELAND, FL 33809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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: Eleanor Gustavsen (Eleanor Gustavsen) 3-5-07 863-853 4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #