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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N48226 (7)

1. Corporation Name
PINES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1005 WHITEHURST RD LOT 31 PLANT CITY FL 33567-2862	1005 WHITEHURST RD LOT 31 PLANT CITY FL 33567-2863

3. Date Incorporated or Qualified: 04/03/1992
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business
21: 1005 Whitehurst Rd.
Suite, Apt. #, etc. 22: COJ
City & State 23: Plant City, Fl
Zip 24: 33567 Country 25: USA

2a. Mailing Address
26: 1005 Whitehurst Rd.
Suite, Apt. #, etc. 27: COJ
City & State 28: Plant City, Fl.
Zip 29: 33567 Country 30: U.S.A.

4. FEI Number: 59-3126624 ☑ 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

9. Name and Address of Current Registered Agent

COLELLA, LEONARD D.
1005 WHITEHURST RD
LOT 31
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: Leonard D. Colella — 1-24-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	Pres,	☑ Change ☐ Addition
NAME	COLELLA, LEONARD D		1.2 NAME	Joseph Burton	
STREET ADDRESS	1005 WHITEHURST RD, LOT #31		1.3 STREET ADDRESS	1005 Whitehurst Rd. #27	
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	Plant City, Fl.	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, EMMETT C		2.2 NAME		
STREET ADDRESS	1005 WHITEHURST ROAD, LOT 66		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KNOTT, MADELINE		3.2 NAME		
STREET ADDRESS	1005 WHITEHURST RD. #90		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SAGGESE, ELIZABETH		4.2 NAME		
STREET ADDRESS	1005 WHITEHURST ROAD, # 56		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	PIERSON, PORTER A		5.2 NAME	Thomas Gill	
STREET ADDRESS	1005 WHITEHURST ROAD, # 34		5.3 STREET ADDRESS	1005 Whitehurst Rd, #47	
CITY-ST-ZIP	PLANT CITY FL		5.4 CITY-ST-ZIP	Plant City, Fl.	
TITLE	D	☒ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	LYNCH, AL		6.2 NAME	Marge Magill	
STREET ADDRESS	1005 WHITEHURST RD, LOT #48		6.3 STREET ADDRESS	1005 Whitehurst Rd. #11	
CITY-ST-ZIP	PLANT CITY FL		6.4 CITY-ST-ZIP	Plant City, Fl.	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Leonard D. Colella — Leonard D. Colella — Jan 24, 1997 — 752-7188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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