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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48226**

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

Principal Place of Business	Mailing Address
1005 WHITEHURST RD. C01 PLANT CITY FL 33567 US	104 NORTH THOMAS STREET PLANT CITY FL 33566

2. Principal Place of Business 21	2a. Mailing Address 26 1600 Second Street	3. Date Incorporated or Qualifed 04/03/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 757	4. FEI Number 59-3126624 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Sarasota FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 34236 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

EVANS, STEPHEN L
104 NORTH THOMAS STREET
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name SHERYL A. EDWARDS, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable) 1600 Second Street
83 Suite 757
84 City Sarasota FL 85 Zip Code 34236

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 Sheryl Edwards DATE 3/15/66
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BURTON, JOSEPH		1.2 NAME		
STREET ADDRESS	1005 WHITEHURST RD. #27		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, ALICE		2.2 NAME		
STREET ADDRESS	1005 WHITEHURST ROAD #48		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	(S)	☑ Change ☑ Addition
NAME	BAKER, SHIRLEY		3.2 NAME	ROSEMARY ALX	
STREET ADDRESS	1005 WHITEHURST ROAD #16		3.3 STREET ADDRESS	1005 Whitehurst Road #70	
CITY-ST-ZIP	PLANT CITY FL 33567		3.4. CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, MICHAEL F.		4. 2 NAME		
STREET ADDRESS	1005 WHITEHURST ROAD #26		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE	(T)	☑ Change ☐ Addition
NAME	DONAWAY, NAOMI		5.2 NAME	NAOMI, DONAWAY	
STREET ADDRESS	1005 WHITEHURST ROAD #82		5.3 STREET ADDRESS	1005 whitehurst Rd #82	
CITY-ST-ZIP	PLANT CITY FL 33567		5.4 CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	T	☐ DELETE	6.1 TITLE	(D)	☑ Change ☐ Addition
NAME	DOAN, DANIEL		6.2 NAME	DOAN, DANIEL	
STREET ADDRESS	1005 WHITENURST ROAD #68		6.3 STREET ADDRESS	1005 whitehurst Rd #68	
CITY-ST-ZIP	PLANT CITY FL 33567		6.4 CITY-ST-ZIP	PLANT CITY FL 33567	

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: Joseph A Burton 3/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)