

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90196 034 ****61.25

DOCUMENT # N48226

1. Entity Name

PINES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

1005 WHITEHURST RD.
 601
 PLANT CITY FL 33567
 US

Mailing Address

1600 2ND ST
 STE 757
 SARASOTA FL 34236

2. Principal Place of Business

Lot #52

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3126624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~EDWARDS, SHERYL A ESQ.~~
~~1600 SECOND ST.~~
~~STE 757~~
~~SARASOTA FL 34236~~

Shirley A. Baker
1005 Whitehurst Rd

7. Name and Address of New Registered Agent

Name *Shirley A. Baker*
 Street Address (P.O. Box Number is Not Acceptable)
1005 Whitehurst Rd #16

City *Plant City*

FL

Zip Code *33567*

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	BURTON, JOSEPH	
STREET ADDRESS	1005 WHITEHURST RD. #27	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	☐ Delete
NAME	LYNCH, ALICE	
STREET ADDRESS	1005 WHITEHURST ROAD #48	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	S	☒ Delete
NAME	AX, ROSEMARY	
STREET ADDRESS	1005 WHITEHURST ROAD #16	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	VP	☒ Delete
NAME	DAVIS, MICHAEL F.	
STREET ADDRESS	1005 WHITEHURST ROAD #26	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	T	☒ Delete
NAME	DONAWAY, NAOMI	
STREET ADDRESS	1005 WHITEHURST ROAD #82	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	V.P.	☐ Delete
NAME	DOAN, DANIEL	
STREET ADDRESS	1005 WHITENURST ROAD #68	
CITY-ST-ZIP	PLANT CITY FL 33567	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	<i>Shirley A. Baker</i>	
STREET ADDRESS	<i>1005 Whitehurst Rd #16</i>	
CITY-ST-ZIP	<i>Plant City FL 33567</i>	
TITLE	D.	☒ Change ☐ Addition
NAME	<i>AREND ROELOFSSON</i>	
STREET ADDRESS	<i>1005 Whitehurst Rd #7</i>	
CITY-ST-ZIP	<i>Plant City FL 33567</i>	
TITLE	S.	☒ Change ☐ Addition
NAME	<i>Walter Murphy</i>	
STREET ADDRESS	<i>1005 Whitehurst Rd #55</i>	
CITY-ST-ZIP	<i>Plant City FL 33567</i>	
TITLE	V.P.	☒ Change ☐ Addition
NAME	DONALD DOAN	
STREET ADDRESS	1005 Whitehurst Rd #68	
CITY-ST-ZIP	Plant City FL 33567	
TITLE	ARTIS WEBSTER	☒ Change ☐ Addition
NAME	<i>1005 Whitehurst Rd #1</i>	
STREET ADDRESS	<i>Plant City FL 33567</i>	
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	<i>MARGARET CLEMENTS</i>	
STREET ADDRESS	<i>1005 Whitehurst Rd #80</i>	
CITY-ST-ZIP	<i>Plant City FL 33567</i>	

12. 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 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:

Shirley A. Baker

7/26/01 (813) 764-0024

CR2E037 (5/01)