

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90031 015 ****61.25

DOCUMENT # N48226

1. Entity Name

PINES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1005 WHITEHURST RD.
 LOT # 52
 PLANT CITY FL 33567
 US**

**1005 WHITEHURST RD.
 LOT # 52
 PLANT CITY FL 33567
 US**

2. Principal Place of Business

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

7. Name and Address of New Registered Agent

**BAKER, SHIRLEY A
 1005 WHITEHURST RD
 LOT #52 16
 PLANT CITY FL 33567**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **BAKER, SHIRLEY A**
 STREET ADDRESS **1005 WHITEHURST RD # 16**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **D** ☐ Change ☒ Addition
 NAME **Margaret Clements**
 STREET ADDRESS **1005 Whitehurst Rd #80**
 CITY-ST-ZIP **Plant City, Fl. 33567** ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **LYNCH, ALICE**
 STREET ADDRESS **1005 WHITEHURST ROAD #48**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **D** ☐ Change ☐ Addition
 NAME **ROELODSON, AREND**
 STREET ADDRESS **1005 WHITEHURST RD # 7**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **D** ☐ Delete
 NAME **ROELODSON, AREND**
 STREET ADDRESS **1005 WHITEHURST RD # 7**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **S** ☐ Change ☐ Addition
 NAME **MURPHY, WALTER**
 STREET ADDRESS **1005 WHITEHURST RD # 55**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **T** ☐ Delete
 NAME **WEBSTER, ARTIS**
 STREET ADDRESS **1005 WHITEHURST ROAD #82**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **VP** ☐ Change ☐ Addition
 NAME **DOAN, DANIEL**
 STREET ADDRESS **1005 WHITENURST ROAD #68**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **VP** ☐ Delete
 NAME **DOAN, DANIEL**
 STREET ADDRESS **1005 WHITENURST ROAD #68**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **VP** ☐ Change ☐ Addition
 NAME **DOAN, DANIEL**
 STREET ADDRESS **1005 WHITENURST ROAD #68**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **VP** ☐ Delete
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 STREET ADDRESS **1005 WHITENURST ROAD #68**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **VP** ☐ Change ☐ Addition
 NAME **DOAN, DANIEL**
 STREET ADDRESS **1005 WHITENURST ROAD #68**
 CITY-ST-ZIP **PLANT CITY FL 33567**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/07/02 (813) 764-0024

CR2E037 (9/01)