2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90025 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

01052004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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, 2004

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	P BAKER, SHIRLEY A 1005 WHITEHURST RD # 16 PLANT CITY, FL 33567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNCH, ALICE 1005 WHITEHURST ROAD #48 PLANT CITY, FL 33567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GILL, THOMAS 1005 WHITEHURST RD #93 PLANT CITY, FL 335632865	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MURPHY, WALTER 1005 WHITEHURST RD # 55 PLANT CITY, FL 33567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S&T Murphy, Walter 1005 Whitehurst Rd.#55 Plant City, Fl. 33563-2865	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEBSTER, ARTIS 1005 WHITEHURST ROAD #82 PLANT CITY, FL 33567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Webster, Artis 1005 Whitehurst Rd.#22 Plant City, Fl. 33563-2865	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOAN, DANIEL 1005 WHITENURST ROAD #68 PLANT CITY, FL 33567	☐ 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #