# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2008**
**Secretary of State**

DOCUMENT# N48226

**Entity Name:** PINES MOBILE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1005 WHITEHURST RD.
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

**Current Mailing Address:**

1005 WHITEHURST RD.
PLANT CITY, FL 33563 US

**New Mailing Address:**

**FEI Number: 59-3126624** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKER, SHIRLEY A
1005 WHITEHURST RD
PLANT CITY, FL 33563 US

**Name and Address of New Registered Agent:**

BAKER, SHIRLEY A
1005 WHITEHURST RD #16
PLANT CITY, FL 33563 US

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: SHIRLEY A. BAKER 01/14/2008
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: ALBERTSON, BYRON
Address: 1005 WHITEHURST RD #73
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete
Name: CHISOLM, BONNIE L
Address: 1005 WHITEHURST ROAD #17
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete
Name: GILL, THOMAS
Address: 1005 WHITEHURST RD #93
City-St-Zip: PLANT CITY, FL 335632865

Title: VP ( ) Delete
Name: MURPHY, JULIA
Address: 1005 WHITEHURST RD #55
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete
Name: HEAPS, TED
Address: 1005 WHITEHURST RD #5
City-St-Zip: PLANT CITY, FL 335632865

Title: D ( ) Delete
Name: DOAN, DANIEL
Address: 1005 WHITENURST ROAD #68
City-St-Zip: PLANT CITY, FL 33563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: HUGHES, LEWIS
Address: 1005 WHITEHURST RD #70
City-St-Zip: PLANT CITY, FL 33563

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY A. BAKER P 01/14/2008
Electronic Signature of Signing Officer or Director Date