

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48226

FILED
Apr 20, 2009
Secretary of State

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:

1005 WHITEHURST RD.
C01
PLANT CITY, FL 33563 US

Current Mailing Address:

1005 WHITEHURST RD.
PLANT CITY, FL 33563 US

New Mailing Address:

1005 WHITEHURST RD.
C01
PLANT CITY, FL 33563 US

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 #16
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

SIMPSON, GLORIA W ANNA
1005 WHITEHURST RD #67
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: GLORIA W. SIMPSON

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUGHES, LEWIS
Address: 1005 WHITEHURST RD #70
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SIMPSON, GLORIA W ANNA
Address: 1005 WHITEHURST ROAD #67
City-St-Zip: PLANT CITY, FL 33563

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

Title: VP (X) Change () Addition
Name: WEEKS, MARILY N
Address: 1005 WHITEHURST RD #74
City-St-Zip: PLANT CITY, FL 33563

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: GLORIA W. SIMPSON

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date