

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48226

FILED
Feb 22, 2011
Secretary of State

Entity Name: PINES MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1005 N. WHITEHURST RD.
LOT OFFICE
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

1005 N. WHITEHURST RD.
LOT OFFICE
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:

SIMPSON, GLORIA W ANNA
1005 N. WHITEHURST RD
LOT OFFICE
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: DRUMHELLER, DONNA
Address: 1005 N. WHITEHURST RD. #23
City-St-Zip: PLANT CITY, FL 33563

Title: P
Name: SIMPSON, GLORIA W ANNA
Address: 1005 N. WHITEHURST ROAD LOT OFFICE
City-St-Zip: PLANT CITY, FL 33563

Title: D
Name: WALTON, JANICE
Address: 1005 N. WHITEHURST RD #21
City-St-Zip: PLANT CITY, FL 33563

Title: VP
Name: WEEKS, MARILYN
Address: 1005 N. WHITEHURST RD #74
City-St-Zip: PLANT CITY, FL 33563

Title: D
Name: HEAPS, TED
Address: 1005 N. WHITEHURST RD #5
City-St-Zip: PLANT CITY, FL 33563

Title: S
Name: PREVETT, JIM
Address: 1005 N. WHITENURST ROAD #68
City-St-Zip: PLANT CITY, FL 33563

I hereby 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 all other like empowered.

SIGNATURE: GLORIA W. SIMPSON

P

02/22/2011

Electronic Signature of Signing Officer or Director

Date