

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 31, 2012**  
**Secretary of State**

DOCUMENT# N48226

**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:**ROLFE, DONNA  
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:** BOUTWELL, FREDDIE  
**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:** D  
**Name:** WEEKS, MARILYN  
**Address:** 1005 N. WHITEHURST RD #74  
**City-St-Zip:** PLANT CITY, FL 33563**Title:** D  
**Name:** BAKER, SHIRLEY  
**Address:** 1005 N. WHITEHURST RD #5  
**City-St-Zip:** PLANT CITY, FL 33563**Title:** S  
**Name:** PREVETT, JIM  
**Address:** 1005 N. WHITEHURST 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: DONNA ROLFE

A

05/31/2012

Electronic Signature of Signing Officer or Director

Date