2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48226

1. Entity Name



FILED Jan 10, 2003 8:00 am § Secretary of State

01-10-2003 90035 032 ****61.25

PINES	MUBILE HUME OWNERS ASS	OCIATION, INC.						
Principal Place of Business 1005 WHITEHURST RD. LOT # 52 PLANT CITY FL 33567 US		Mailing Address 1005 WHITEHURST RD. LOT # 52 PLANT CITY FL 33567 US		WE	 	**************************************		Bi Sti Gebii 1981
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			,	CHECK HERE IF MA		
City & State		City & State			4. FEI Number 5			Applied For
Zip	Country	Zip	Country			* 	¢0.75 .	Not Applicabl
	6. Name and Address of Current	Registered Agent	<u> </u>		5. Certificate of St	_	Fee Requi	
	The state of the s	riegistered Agent	Name	<u> </u>	7. Name and Add	ress of New Regist	ered Agent	
Baker,	, SHIRLEY A		-					
	HITEHURST RD		Stree	t Address (P.	O. Box Number is N	lot Acceptable)		
LOT 3#5	成 #16 CITY FL 33567		~	***				
FLANI	CIT FL 3336/		City				Zip Co	
8. The above	ve named entity submits this statement for	the purpose of changing its						
the obliga	re named entity submits this statement for ations of registered agent.	the perpose of chariging its	registered office	or registered	d agent, or both, in t	he State of Florida.	l am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent a		Registered Agent sign				ATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		_ ~	\$5.00 May Be Added to Fees	Make Ci Florida De	heck Payable partment of	to State
10. TITLE	OFFICERS AND DIR	ECTORS	11.	AD	DITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS IN	V 10
NAME	BAKER, SHIRLEY A	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
STREET ADDRESS	1005 WHITEHURST RD # 16		NAME				_ •	
CITY-ST-ZIP	PLANT CITY FL 33567		STREET ADDRESS CITY-ST-ZIP	1				
TITLE	D	☐ Delete	TITLE	 				
NAME	LYNCH, ALICE	C Delete	NAME	, ,			Change	Addition
STREET ADDRESS CITY-ST-ZIP	1005 WHITEHURST ROAD #48		STREET ADDRESS					
	PLANT CITY FL 33567		CITY-ST-ZIP					
TITLE NAME	D ROELODSON, AREND	Delete	TITLE	VP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TREET ADDRESS	1005 WHITEHURST RD # 7		NAME CIRCLE ADDRESS	Thoma	as Gill		A. ·	
CITY-ST-ZIP	PLANT CITY FL 33567		STREET ADDRESS CITY-ST-2IP	1005	Whitehar	st Rd #93	2	
ITLE	S	☐ Delete		Plan!	t City,F1	**************************************	,) 865 -	
AME	MURPHY, WALTER	L Delete	TITLE NAME				Change	☐ Addition
TREET ADDRESS	1005 WHITEHURST RD # 55		STREET ADDRESS					
ITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP					i
TLE	Ţ	Delete	TITLE	 			П сы	
AME FREET ADDRESS	WEBSTER, ARTIS		NAME				☐ Change	Addition
TREET ADDRESS TY-ST-ZIP	1005 WHITEHURST ROAD #82		STREET ADDRESS					ı
			CITY-ST-ZIP					
T F	PLANT CITY FL 33567		011 01-21					i
	VP	☐ Delete	TITLE	D	T) 1 -		X Change	☐ Addition
	VP Doan, Daniel	☐ Delete	TITLE NAME	Doan	Daniel		•	☐ Addition
me Reet address	VP	☐ Delete	TITLE	Doan 1005	Whitehurs	st Rd. #6	8	☐ Addition

Plant City, F1.33563-2865 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 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:

JAN. OF, 2003 (813) 764-0024