


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90132 031 \*\*\*\*61.25

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # N97000002285</b>  |  |   |  |  |  |
| 1. Entity Name<br><b>PAWNEE PARK MOBILE HOME OWNERS' ASSOCIATION, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>10741 WILLIAMS ROAD<br/>THONOTOSASSA FL 33592</b>   |  |   | Mailing Address<br><b>10741 WILLIAMS ROAD<br/>THONOTOSASSA FL 33592</b>  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |  |
| City & State  |  |   | City & State   |   |  |
| Zip   | Country  | Zip   | Country  | 4. FEI Number<br><b>59-2506847</b>  |  |
|   |  |   |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROBIN, CHRISTIAN<br/>37512 SKYRIDGE CIRCLE<br/>DADE CITY FL 33525</b>   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code                  |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent. |  |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |  |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>MONTGOMERY, NANCY<br>10741 WILLIAMS RD. LOT # 9<br>THONOTOSASSA FL 33592 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>LANZ, PATRICIA<br>10741 WILLIAMS RD. LOT 7<br>THONOTOSASSA FL 33592 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>LANZ, FREDERICK<br>10741 WILLIAMS RD. LOT 7<br>THONOTOSASSA FL 33592 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LATIMER, EDWARD<br>10741 WILLIAMS RD #2<br>THONOTOSASSA FL 33592 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CASELA, JOSEPH<br>10741 WILLIAMS RD, LOT #8<br>THONOTOSASSA FL 33592 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><i>D. Olney, William<br/>10741 Williams Rd #11<br/>Thonotosassa FL 33592</i> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>MONTGOMERY, ROBERT<br>10741 WILLIAMS RD. LOT #9<br>THONOTOSASSA FL 33592 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |

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 indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other titles empowered.

**SIGNATURE:** *[Signature]* **March 10, 2005 (813) 982-2225**  
Date Daytime Phone #