


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2007 8:00 am**  
**Secretary of State**

08-02-2007 90012 042 \*\*\*\*61.25

<b>DOCUMENT # N97000002285</b> 1. Entity Name <b>PAWNEE PARK MOBILE HOME OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>10741 WILLIAMS ROAD THONOTOSASSA, FL 33592</b>			Mailing Address <b>10741 WILLIAMS ROAD THONOTOSASSA, FL 33592</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2506847</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBIN, CHRISTIAN 37512 SKYRIDGE CIRCLE DADE CITY, FL 33525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MONTGOMERY, NANCY <input type="checkbox"/> Delete 10741 WILLIAMS RD. LOT # 9 THONOTOSASSA, FL 33592				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLNEY, ARLENE <input checked="" type="checkbox"/> Delete 10741 WILLIAMS RD, LOT #11 THONOTOSASSA, FL 33592				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANZ, FREDERICK <input type="checkbox"/> Delete 10741 WILLIAMS RD. LOT 7 THONOTOSASSA, FL 33592				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, ROBERT <input type="checkbox"/> Delete 10741 WILLIAMS RD, # 9 THONOTOSASSA, FL 33592				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLNEY, WILLIAM <input checked="" type="checkbox"/> Delete 10741 WILLIAMS RD, # 11 THONOTOSASSA, FL 33592				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, FREDERICK <input type="checkbox"/> Delete 10741 WILLIAMS RD, # 12 THONOTOSASSA, FL 33592				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
Secretary Barbara Peat <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10741 Williams Rd # 6 Thonotosassa, FL 33592					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
Director Jerry Adkins <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10741 Williams Rd # 10 Thonotosassa, FL 33592					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
<b>SIGNATURE:</b> <i>Nancy Montgomery</i> <b>Nancy Montgomery</b> <b>7/31/07 (813) 982-2225</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					