2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000002285

1. Entity Name
PAWNEE PARK MOBILE HOME OWNERS' ASSOCIATION,
INC.



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

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

INC.									
10741 WILLIAMS ROAD 10		Mailing Address 10741 WILLIAMS ROAD THONOTOSASSA, FL 33592			2 / 20				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07312007	Chg-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number 59-25068	B47			plied For
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add	litional
	6. Name and Address of Current I	Registered Agent	1	1_	7. Name and A	ddress of New R			-
PORIN C	LIDICTIAN		Name						
ROBIN, CHRISTIAN 37512 SKYRIDGE CIRCLE DADE CITY, FL 33525			Street Address		(P.O. Box Number is Not Acceptable)				
DADE OIL	1,72 00020								
			City				FL	Zip Code	e
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or	registere	d agent, or both,	in the State of Fic	orida. I am far	miliar with,	and accept
inc obliga	sorto or registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent a	out title il amplication OMOTE: 9	legistered Agent signatu	re recurred w	dues reinstation)		DATE		 :
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D	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Camp. Trust Fund Cor			\$5.00 May Be Added to Fees		lake check p ida Departn		
D 10.	ue by September 14, 2007 OFFICERS AND DIR	Trust Fund Cor		<u></u>	Added to Fees		ida Departir	nent of St	ate
10.	DT OFFICERS AND DIR	Trust Fund Cor	11.	<u></u>	Added to Fees	Flor	ida Departir RS AND DIRE	nent of St	ate
10.	ue by September 14, 2007 OFFICERS AND DIR	Trust Fund Cor	ntribution.	<u></u>	Added to Fees	Flor	ida Departir RS AND DIRE	CTORS IN	10
10. TITLE NAME	DT MONTGOMERY, NANCY 10741 WILLIAMS RD. LOT # 9 THONOTOSASSA, FL 33592	Trust Fund Cor	11. ITILE	AI	Added to Fees	Flor	ida Departir RS AND DIRE	CTORS IN	10
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12. Thereby 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.

SIGNATURE SUPPLIES AND DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE MANUEL OF SIGNING OFFICER OR DIRECT

Montgomer

7/31/

07 (813) 982-2225