

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90027 039 \*\*\*\*61.25

<b>DOCUMENT # N97000002285</b>					
<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 #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02142008    Chg-NP    CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 59-2506847	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ROBIN, CHRISTIAN 37512 SKYRIDGE CIRCLE DADE CITY, FL 33525			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DT <b>NAME</b> MONTGOMERY, NANCY <b>STREET ADDRESS</b> 10741 WILLIAMS RD. LOT # 9 <b>CITY-ST-ZIP</b> THONOTOSASSA, FL 33592	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> PEAT, BARBARA <b>STREET ADDRESS</b> 10741 WILLIAMS ROAD #6 <b>CITY-ST-ZIP</b> THONOTOSASSA, FL 33592	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DP <b>NAME</b> LANZ, FREDERICK <b>STREET ADDRESS</b> 10741 WILLIAMS RD. LOT 7 <b>CITY-ST-ZIP</b> THONOTOSASSA, FL 33592	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MONTGOMERY, ROBERT <b>STREET ADDRESS</b> 10741 WILLIAMS RD, # 9 <b>CITY-ST-ZIP</b> THONOTOSASSA, FL 33592	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Sheffield, Joan <b>STREET ADDRESS</b> 10741 Williams Rd. Lot 4 <b>CITY-ST-ZIP</b> Thonotosassa, FL 33592	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> ADKINS, JERRY <b>STREET ADDRESS</b> 10741 WILLIAMS ROAD #10 <b>CITY-ST-ZIP</b> THONOTOSASSA, FL 33592	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> BROWN, FREDERICK <b>STREET ADDRESS</b> 10741 WILLIAMS RD, # 12 <b>CITY-ST-ZIP</b> THONOTOSASSA, FL 33592	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <i>Nancy Montgomery</i> <b>Nancy Montgomery</b> 2/14/08 (813) 982-2225 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					