

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90182 035 ****61.25

DOCUMENT # N99000005925

1. Entity Name
THE PINES MOBILE HOME SUBDIVISION
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
9228 WIDENENER ST
PANAMA CITY BEACH, FL 32407

Mailing Address
9228 WIDENENER ST
PANAMA CITY BEACH, FL 32407

50023616



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
58-2611936

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLOAN, TIMOTHY J ESQ
427 MCKENZIE AVE
PANAMA CITY, FL 32401

Name Jana H. Gibson
Street Address (P.O. Box Number is Not Acceptable)

9228 Widenener St
City Panama Bch FL 32407

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

Jana H. Gibson

2/11/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	HIGHFIELD, JUDY H	
STREET ADDRESS	1350 BRANCH ROAD	
CITY-ST-ZIP	BISHOP, GA 30621	
TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	HIGHFIELD, TONY	
STREET ADDRESS	1350 BRANCH ROAD	
CITY-ST-ZIP	BISHOP, GA 30621	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, JANA H	
STREET ADDRESS	9228 WIDENER STREET	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jana H. Gibson	
STREET ADDRESS	9228 Widenener St	
CITY-ST-ZIP	Panama Bch FL 32407	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annette Green	
STREET ADDRESS	9208 Widenener St	
CITY-ST-ZIP	Panama Bch FL 32407	
TITLE	S-T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P. Young	
STREET ADDRESS	9229 Widenener St	
CITY-ST-ZIP	Panama Bch FL 32407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

Jana H. Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

Date

850-234-6587

Daytime Phone #