


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90018 050 ****61.25

DOCUMENT # N99000005925					
1. Entity Name THE PINES MOBILE HOME SUBDIVISION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9228 WIDENER ST PANAMA CITY BEACH, FL 32407			Mailing Address 9228 WIDENER ST PANAMA CITY BEACH, FL 32407		
2. Principal Place of Business 9229 WIDENER ST		3. Mailing Address P.O. BOX 9488			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PANAMA CITY BEACH		City & State PANAMA CITY BEACH		4. FEI Number 58-2611936	
Zip 32407		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBSON, JANA H 9228 WIDENER ST PANAMA CITY BEACH, FL 32407			7. Name and Address of New Registered Agent Name YOUNG, JOHN P Street Address (P.O. Box Number is Not Acceptable) 9229 WIDENER ST City PANAMA CITY BEACH 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 <u>JOHN P YOUNG S/T</u> DATE <u>3/3/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GIBSON, JANA H 9228 WIDENER ST PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERRY L BAWCUM 9211 WIDENER ST PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, ANNETTE 9208 WIDENER ST PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOB MCGINNIS 9212 WIDENER ST PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T YOUNG, JOHN P 9229 WIDENER ST PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u>JOHN P YOUNG</u>			Date <u>3/3/06</u>		Daytime Phone # <u>850 249 0432</u>