

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90128 014 ****61.25

DOCUMENT # N02000002461

1. Entity Name
SEA PINES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**509 ANASTASIA BLVD.
ST. AUGUSTINE, FL 32080**

Mailing Address
**5455 A1A SOUTH
ST. AUGUSTINE, FL 32080**

DO NOT WRITE IN THIS SPACE



02182005 No Chg-NP CR2E037 (10/03)

4. FEI Number
03-0432677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME HAHNEMANN, ROBERT H
STREET ADDRESS 509 ANASTASIA BLVD.
CITY - ST - ZIP ST. AUGUSTINE, FL 32084

TITLE D
NAME MCLEOD, WILLIAM
STREET ADDRESS 509 ANASTASIA BLVD.
CITY - ST - ZIP ST. AUGUSTINE, FL 32084

TITLE D
NAME MCLEOD, DEIDRE
STREET ADDRESS 509 ANASTASIA BLVD.
CITY - ST - ZIP ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #