## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N04000001551**

1. Entity Name
YOUNG PINE HOMEOWNERS ASSOCIATION, INC.



r	ILEL	)	
Apr 26,	2006	8:00	am
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C/O COMMUNITY MANAGEMENT PROF, INC C/O 5401 S KIAKMAN RD, SUITE 450 540			O COMMUNITY MANAGEMENT PROF, INC 401 S KIAKMAN RD, SUITE 450		,	64203	<b>88</b> (() <b>87</b> (4) (()	OOF DIERI CHIEF EN	B  14   TB
2. Principal P	face of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02202006 Cr	ng-NP	CR2E03	37 (11/05)	
City & State	е	City & State			4. FEI Number 56-245273	2			plied For Applicable
Zip	Country	Zip	Con	untry	5. Certificate of St	atus Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Re	gistered	Agent	
	ITY MGMT PROFFESIONALS	, INC		Name Street Address	s (P.O. Box Number is I	Not Acceptable	)		
SUITE 450							<u> </u>		
	,			City			FL	Zip Code	;
	named entity submits this statement folions of registered agent.	or the purpose of changing its	s register	ed office or regis	tered agent, or both, in	the State of Flor	rida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registere	ed Agent signature requi	ired when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Ca Trust Fund		~ _	\$5.00 May Be Added to Fees			c payable to tment of St	
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICER	RS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS	D GODWIN, LARRY 1330 PALMETTO AVENUE	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, ROBERT H 1330 PALMETTO AVENUE WINTER PARK, FL 32789	☐ Delete	TITL NAM STR	E				☐ Change	☐ Addition
TITLE	D MELOON, MELISSA 1330 PALMETTO AVENUE WINTER PARK, FL 32789	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l				☐ Change	Addition

12. Thereby certify that the information supplied with this filling 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:

| Daytime Proce | Da

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Date 20-86 Daytime Phone #