


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90124 017 \*\*\*\*61.25

<b>DOCUMENT # N32761</b>					
1. Entity Name LITTLE PINEY ISLAND PROPERTY OWNERS ASSOCIATION, INCORPORATED					
Principal Place of Business C/O R.J. LINDBERG 579 LITTLE PINEY ISLAND POINT FERNANDINA BEACH, FL 32034			Mailing Address C/O R.J. LINDBERG 579 LITTLE PINEY ISLAND POINT FERNANDINA BEACH, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3035052	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LINDBERG, ROBERT J 579 LITTLE PINEY ISLAND POINT FERNANDINA BEACH, FL 32034			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, NELSON		NAME	PETERSON, NELSON	
STREET ADDRESS	574 PINEY ISLAND DR.		STREET ADDRESS	574 PINEY ISLAND DR	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDBERG, ROBERT J		NAME		
STREET ADDRESS	579 LITTLE PINEY ISLAND POINT		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHANAN, BRUCE		NAME	BAUSTER, ARTHUR	
STREET ADDRESS	594 LITTLE PINEY ISLAND POINT		STREET ADDRESS	564 LITTLE PINEY ISLAND COURT	
CITY-ST-ZIP	FERNANDINA BCH, FL 32034		CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODMAN, BEVERLY		NAME	HENDERSON, WANDA	
STREET ADDRESS	615 PINEY ISLAND DR.		STREET ADDRESS	591 PINEY ISLAND DR	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PEGGY		NAME		
STREET ADDRESS	592 PINEY ISL DR.		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BCH, FL 32034		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, SAMUEL		NAME		
STREET ADDRESS	588 LITTLE PINEY ISLAND POINT		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BCH, FL 32034		CITY-ST-ZIP		
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 I am empowered.					
SIGNATURE: <i>Robert Lindberg</i>		ROBERT J LINDBERG		4/19/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 904-225-0575	