


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**


03-02-2004 90044 031 \*\*\*\*61.25

**DOCUMENT # N35255**  
1. Entity Name  
**BAY PINE SHORES, HOME OWNERS ASSOCIATION INC.**



Principal Place of Business      Mailing Address  
**10 CAROLYN LANE**      **PO BOX 2358**  
**SANTA ROSA BEACH, FL 32459**      **SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE IN THIS SPACE**



02212004 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>59-3606076</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**LANE, CAROLYNN**  
**10 CAROLYN LANE**  
**SANTA ROSA BEACH, FL 32459**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>LANE, CAROLYNN</del> <b>SMITH, SCOTT</b> <del>10 CAROLYNN LANE</del> <b>311 PIGGES DRIVE</b> SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARROLL, JOSETTE 72 CAROLYNN LANE SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <del>WARD, ABBY</del> <b>LANE, CAROLYNN</b> <del>177 PIGGES DRIVE</del> <b>10 CAROLYNN LANE</b> SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, ROBERT 95 CAROLYNN LANE SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD <del>CONGER, FLORA</del> <b>CARNES, Richard</b> <del>PO BOX 1341</del> <b>151 Walton Gulf View DR</b> <del>DEFUNIAK SPRINGS, FL 32435</del> <b>Panama City Bch,</b> <b>FL 32413</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Carolynn Lane      2/23/2004      850-267-3458  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #