

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35255

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** BAY PINE SHORES, HOME OWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

10 CAROLYNN LANE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2358  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 59-3606076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANE, CAROLYNN  
10 CAROLYNN LANE  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LANE, CAROLYNN  
Address: 10 CAROLYNN LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VPD  
Name: KELLEY, WAYNE  
Address: 35 CAROLYNN LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD  
Name: SCHERER, CAROLINE  
Address: 293 PISCES DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD  
Name: JOHNSON, ROBERT  
Address: 311 PISCES DR.  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYNN LANE

PRES

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date