


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90092 049 ****61.25

DOCUMENT # N35255

1. Entity Name
BAY PINE SHORES, HOME OWNERS ASSOCIATION INC.



Principal Place of Business
**10 CAROLYN LANE
SANTA ROSA BEACH FL 32459**

Mailing Address
**10 CAROLYN LANE
SANTA ROSA BEACH FL 32459**

P.O. Box 2358

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

P.O. Box 2358



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3606076**

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

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

7. Name and Address of New Registered Agent

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 *Carolynn Lane* *Carolynn Lane* **4-10-03**

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

CAROLYNN LANE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARROLL, JOHN 10 CAROYLNN LANE SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARROLL, JOSETTE 72 CAROLYNN LANE SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete <i>OK</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PD LANE, CAROLYN 177 PISCES DRIVE SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/> Delete <i>10 Carolyn Lane</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, ROBERT 95 CAROLYNN LANE SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete <i>OK</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CONGER, FLORA PO BOX 1944 DEFUNIAK SPRINGS FL 32435	<input type="checkbox"/> Delete <i>OK</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Carolynn Lane 10 Carolyn Lane Santa Rosa Bch, FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Abby Ward 177 Pisces Dr S.R.B., FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	505 Greenhill	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **SIGNATURE REQUIRED** **4-10-03 850-267-3458**

CR2E037 (10/02)