

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35255

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

Current Principal Place of Business:

10 CAROLYNN LANE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

PO BOX 2358
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3606076

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

Title VPD
Name DIDIER, JOE
Address PO BOX 2358
City-State-Zip: SANTA ROSA BEACH FL 32459

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

Title SECRETARY
Name KELLEY, KIM
Address PO BOX 2358
City-State-Zip: SANTA ROSA BEACH FL 32459

Title ASST. SECRETARY
Name SHEEHAN, SHANNON
Address PO BOX 2358
City-State-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: MICHELE PLATT

BOOKKEEPER

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date