

**2014 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 KELLEY, WAYNE  
Address 35 CAROLYNN LANE  
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 SD  
Name JOHNSON, ROBERT  
Address 311 PISCES DR.  
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: CAROLYNN LANE**

**PRESIDENT**

**02/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date