

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001434		
1. Entity Name SEA PINES SUBDIVISION HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 4300 BAYOU BLVD., STE. 23 PENSACOLA, FL 32503	Mailing Address 4300 BAYOU BLVD., STE. 23 PENSACOLA, FL 32503	



04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 30-0169338	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HERRICK, SHARON HESS 4300 BAYOU BLVD., STE. 23 PENSACOLA, FL 32503	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

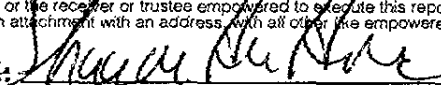
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000133340
04/27/04-80083-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCKINNON, DENIS 21 E GARDEN ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HERRICK, SHARON HESS 4300 BAYOU BLVD., STE. 23 PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HERRICK, DOUGLAS A 4300 BAYOU BLVD., STE. 23 PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  4/21/04 850-477-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #