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	Mailing Address
4300 BAYOU BLVD., STE. 23 PENSACOLA, FL 32503	4300 BAYOU BLVD., STE. 23 PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

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

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

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000133340
04/27/04-80083-020 150.00

10. OFFICERS AND DIRECTORS

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