
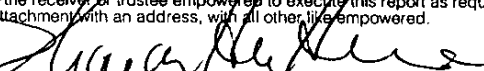


FILED
Apr 28, 2008 8:00 am
Secretary of State

40083689

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # N02000001434 | |  | | 04-28-2008 90328 036 ****61.25 | |
| 1. Entity Name SEA PINES SUBDIVISION HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 1312 E CERVANTES ST PENSACOLA, FL 32501 | | Mailing Address 1312 E CERVANTES ST PENSACOLA, FL 32501 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 40083689 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04232008 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 30-0169338 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HERRICK, SHARON HESS 1312 E CERRANTES ST PENSACOLA, FL 32501 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | Cervantes not Cerrantes | | |
| | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MCKINNON, DENIS 707 N 74TH AVE PENSACOLA, FL 32506 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV HERRICK, SHARON HESS 1312 E CARRANTES ST PENSACOLA, FL 32501 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST HERRICK, DOUGLAS A 1312 E CERRANTES ST PENSACOLA, FL 32501 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, if empowered. | | | | | |
| SIGNATURE:  | | 4-25-08 850-477-7050 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | |