2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2006 8:00 am Secretary of State

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DOCUMENT # N02000002461 1. Entity Name SEA PINES PROPERTY OWNERS' ASSOCIATION, INC.							,		90181 011			
Principal Place of Business 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080				Mailing Address 5455 A1A SOUTH ST. AUGUSTINE, FL 32080			 	60022	316		NIMAT RE INGI	
2. Principal Place of Business			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			02062006	Chg-NP	CR2E037 (1	1/05)		
City & State			Cit	City & State			4. FEI Number Applied For 03-0432677 Not Applicable					
Zip	Zip Country		Zip	Zip C			5. Certificate of S	Status Desired			ditional	
	6. Name and	Address of Currer	nt Registere	d Agent	"		7. Name and Ad	dress of New Re	egistered Agent			
MAY MANAGEMENT SERVICES, INC.					Name							
5455 A1A SOUTH SAINT AUGUSTINE, FL 32080				Street	Address (I	P.O. Box Number is	Not Acceptable)				
		02000										
				ose of changing its r	City	City FL Zip Code						
SIGNATURE	•			, '								
• •		ted name of registered age	int and title if appl	icable, (NOTE:	Registered Agent signs	ture required	when reinstating)		DATE			
· ·		\$61.25	nt and title if appl	9. Election Camp	paign Financing		\$5.00 May Be Added to Fees	i	DATE ake check pay da Departmen			
10.	Signature, typed or prin	\$61.25		9. Election Cam	paign Financing		\$5.00 May Be Added to Fees	Flori	ake check pay da Departmen	t of S	tate	
10.	Signature, typed or prin	\$61.25 1, 2006		9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be	Flori	ake check pay da Departmen	t of S	tate	
	Signature, typed or prin Filling Fee is Due by May	\$61.25 1, 2006 OFFICERS AND D		9. Election Cam	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flori	ake check pay da Departmen	t of S	tate	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is Due by May D HAHNEMANN 509 ANASTAS ST. AUGUSTII D MCLEOD, WIL 509 ANASTAS	\$61.25 1, 2006 OFFICERS AND D , ROBERT H GIA BLVD. NE, FL 32084 LLIAM SIA BLVD.		9. Election Campartrust Fund Co	paign Financing patribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		\$5.00 May Be Added to Fees	Flori	ake check pay da Departmen RS AND DIRECTO	ORS IN hange	J 10 Addition	
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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 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 pame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNALURE: _	
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STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR