

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002982**

1. Entity Name  
**SEA PINES COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

**310 HOLLY STREET  
DESTIN, FL 32541**

Mailing Address

**310 HOLLY STREET  
DESTIN, FL 32541**



02052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**20-0628878**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCGILL, ROBERT E III  
36008 EMERALD COAST PARKWAY  
SUITE 301  
DESTIN, FL 32541**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	TENORE, ANTHONY Q
STREET ADDRESS	310 HOLLY STREET
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	VSTD
NAME	TENORE, RHONDA
STREET ADDRESS	310 HOLLY STREET
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	D
NAME	MCGILL, ROBERT E III
STREET ADDRESS	36008 EMERALD COAST PARKWAY, STE. 301
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/15/07-80001-007 150.00

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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-07 850-833-5410