


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N02000002982 1. Entity Name SEA PINES COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 310 HOLLY STREET DESTIN, FL 32541	Mailing Address 310 HOLLY STREET DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0628878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000851551 04/03/08-20030-016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TENORE, ANTHONY Q 310 HOLLY STREET DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD TENORE, RHONDA 310 HOLLY STREET DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY, STE. 301 DESTIN, FL 32541
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 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: Anthony Q Tenore **3-14-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #