

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000010595**

1. Entity Name  
**TWIN PINES OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**21 E GARDEN ST STE 207  
PENSACOLA, FL 32502**

Mailing Address  
**21 E GARDEN ST STE 207  
PENSACOLA, FL 32502**



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**65-1215285**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**DEMARIA, BRIAN  
21 E GARDEN ST STE 207  
PENSACOLA, FL 32502**

**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 \_\_\_\_\_

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
DEMARIA, BRIAN  
21 E GARDEN ST STE 207  
PENSACOLA, FL 32502**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
DELGALLO, STEVEN  
21 E GARDEN ST STE 207  
PENSACOLA, FL 32502**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
DELGALLO, JENNIFER  
21 E GARDEN ST STE 207  
PENSACOLA, FL 32502**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1000000173724  
01/07/05-80029-024 61.25

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/05 (850) 470-0961**  
Date Daytime Phone #