


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90038 022 ****61.25

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| DOCUMENT # N03000010595 | |  |
| 1. Entity Name TWIN PINES OWNERS ASSOCIATION, INC. | | |

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| Principal Place of Business 21 E GARDEN ST STE 207 PENSACOLA, FL 32502 | Mailing Address 21 E GARDEN ST STE 207 PENSACOLA, FL 32502 |
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|---|----------------|---|----------------|
| 2. Principal Place of Business 4 Laguna St. Suite, Apt. #, etc. Suite 201 City & State Fort Walton Beach, FL | | 3. Mailing Address 4 Laguna St. Suite, Apt. #, etc. Suite 201 City & State Fort Walton Beach, FL | |
| Zip 32548 | Country USA | Zip 32548 | Country USA |



01192006 Chg-NP CR2E037 (11/05)

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| 6. Name and Address of Current Registered Agent DEMARIA, BRIAN 21 E GARDEN ST STE 207 PENSACOLA, FL 32502 | |
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| 4. FEI Number 65-1215285 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
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| Filing Fee is \$61.25 Due by May 1, 2006 | 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP DEMARIA, BRIAN 21 E GARDEN ST STE 207 PENSACOLA, FL 32502 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV DELGALLO, STEVEN 21 E GARDEN ST STE 207 PENSACOLA, FL 32502 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV Del Gallo, Steven <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4 Laguna St. Ste 201 Fort Walton Beach FL 32548 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST DELGALLO, JENNIFER 21 E GARDEN ST STE 207 PENSACOLA, FL 32502 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST Del Gallo-Taylor, Jennifer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4 Laguna St. Ste 201 Fort Walton Beach, FL 32548 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Jennifer Taylor Jennifer DelGallo-Taylor 1/26/2006 850-232-8341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #