


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90089 046 \*\*\*\*61.25

<b>DOCUMENT # N03000010595</b> 1. Entity Name TWIN PINES OWNERS ASSOCIATION, INC.	
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Principal Place of Business 4 LAGUNA ST. SUITE 201 FORT WALTON BEACH, FL 32548	Mailing Address 4 LAGUNA ST. SUITE 201 FORT WALTON BEACH, FL 32548
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40014379



01302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1215285	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 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 4 LAGUNA ST. STE 201 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DEL GALLO-TAYLOR, JENNIFER 4 LAGUNA ST. STE 201 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

1/3/06 860 301-0179  
Date Daytime Phone #