

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

05-02-2008 90156 041 ****61.25

DOCUMENT # N03000010595 1. Entity Name TWIN PINES OWNERS ASSOCIATION, INC.																																																																				
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																																																																		
2. Principal Place of Business - No P.O. Box # 21 E. Garden Street Suite, Apt. #, etc. Suite 208 City & State Pensacola FL Zip 32502 Country USA		3. Mailing Address 21 E. Garden Street Suite, Apt. #, etc. Suite 208 City & State Pensacola FL Zip 32502 Country USA																																																																		
4. FEI 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		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 state if applicable. (NOTE: Registered Agent signature required when renewing)																																																																				
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐																																																																		
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY - ST - ZIP</td> <td style="width: 40%;">☐ Delete</td> </tr> <tr> <td></td> <td>DP</td> <td>DEMARIA, BRIAN</td> <td>21 E GARDEN ST STE 207 PENSACOLA, FL 32502</td> <td></td> </tr> <tr> <td></td> <td>DV</td> <td>DEL GALLO, STEVEN</td> <td>4 LAGUNA ST. STE 201 FORT WALTON BEACH, FL 32548</td> <td></td> </tr> <tr> <td></td> <td>DST</td> <td>DEL GALLO-TAYLOR, JENNIFER</td> <td>4 LAGUNA ST. STE 201 FORT WALTON BEACH, FL 32548</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Delete</td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY - ST - ZIP</td> <td style="width: 40%;">☐ Change ☐ Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>				TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete		DP	DEMARIA, BRIAN	21 E GARDEN ST STE 207 PENSACOLA, FL 32502			DV	DEL GALLO, STEVEN	4 LAGUNA ST. STE 201 FORT WALTON BEACH, FL 32548			DST	DEL GALLO-TAYLOR, JENNIFER	4 LAGUNA ST. STE 201 FORT WALTON BEACH, FL 32548						☐ Delete					☐ Delete					☐ Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition																									
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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: <u><i>Jennifer Taylor</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>7/9/08</u> Date																																																																		

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