

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010595

FILED
Mar 23, 2009
Secretary of State

Entity Name: TWIN PINES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

21 E. GARDEN STREET
SUITE 208
PENSACOLA, FL 32502

New Principal Place of Business:

1543 TWIN PINES CIR.
CANTONMENT, FL 32533

Current Mailing Address:

21 E. GARDEN STREET
SUITE 208
PENSACOLA, FL 32502

New Mailing Address:

1543 TWIN PINES CIR.
CANTONMENT, FL 32533

FEI Number: 65-1215285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HAGENSICK, BRIAN H
1543 TWIN PINES CIR.
CANTONMENT, FL 32533 US

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.

SIGNATURE: BRIAN H. HAGENSICK

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DEMARIA, BRIAN
Address: 21 E GARDEN ST STE 207
City-St-Zip: PENSACOLA, FL 32502

Title: DV () Delete
Name: DELGALLO, STEVEN
Address: 4 LAGUNA ST. STE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DST () Delete
Name: DEL GALLO-TAYLOR, JENNIFER
Address: 4 LAGUNA ST. STE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HAGENSICK, BRIAN H
Address: 1543 TWIN PINES CIR.
City-St-Zip: CANTONMENT, FL 32533

Title: TRES (X) Change () Addition
Name: HAGENSICK, BRIAN H
Address: 1543 TWIN PINES CIR
City-St-Zip: CANTONMENT, FL 32533

Title: DIR (X) Change () Addition
Name: BANTA, GEORGE W
Address: 1537 TWIN PINES CIR
City-St-Zip: CANTONMENT, FL 32533

Title: DIR () Change (X) Addition
Name: BRIDGES, EDGAR A
Address: 1519 TWIN PINES CIR.
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN H. HAGENSICK

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date