

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90017 026 \*\*\*\*70.00

**DOCUMENT # N06000006748**

1. Entity Name  
**LONESOME PINE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1412 LONESOME PINE LANE  
TARPON SPRINGS, FL 34689**

Mailing Address  
**1412 LONESOME PINE LANE  
TARPON SPRINGS, FL 34689**

**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GEDERT, CHARLES  
1412 LONESOME PINE LANE  
TARPON SPRINGS, FL 34689**

**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, 2008**

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  
**V  
COSTELLO, JIM  
1641 LONESOME PINE LANE  
TARPON SPRINGS, FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
GEDERT, CHARLES  
1412 LONESOME PINE LANE  
TARPON SPRINGS, FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WARWICK, RICHARD  
1607 LONGSOME PINE LANE  
TARPON SPRINGS, FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SPENCER, KATHY  
1412 LONESOME PINE LANE  
TARPON SPRINGS, FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUBER, BEA  
1412 LONESOME PINE LANE  
TARPON SPRINGS, FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MERKLE, CHARLIE  
1413 LONESOME PINE LANE  
TARPON SPRINGS, FL 34689**

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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:**

*Charles Gedert*

*Charles Gedert*

*02/11/08*

*727-688-7251*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #