


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90052 010 ****61.25

DOCUMENT # N06000007957 1. Entity Name OCEAN PINES HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 209 PONCE DE LEON BLVD. INDIALANTIC, FL 32903				Mailing Address 209 PONCE DE LEON BLVD. INDIALANTIC, FL 32903	
2. Principal Place of Business - No P.O. Box # 120 Ponce de Leon Dr.		3. Mailing Address 120 Ponce de Leon Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State INDIALANTIC FL		City & State INDIALANTIC FL		4. FEI Number 841721619	
Zip 32903		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDMISTEN, GLENDA 209 PONCE DE LEON BLVD. INDIALANTIC, FL 32903			7. Name and Address of New Registered Agent Name SUE LUKINS Street Address (P.O. Box Number is Not Acceptable) 120 PONCE DE LEON DRIVE City INDIALANTIC FL Zip Code 32903		
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 <u><i>Susan M. Lukins</i></u> 5/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Glenda Edmisten <input checked="" type="checkbox"/> Delete PRESIDENT 209 PONCE DE LEON DRIVE INDIALANTIC FL 32903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUE LUKINS 120 PONCE DE LEON DRIVE INDIALANTIC FL 32903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIM HEAPS <input type="checkbox"/> Delete 422 KEY LARGO LANE INDIALANTIC FL 32903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TIM HEAPS 422 KEY LARGO LANE INDIALANTIC FL 32903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAVONNE Le BIAU <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY 502 SANTO DOMINGO LANE INDIALANTIC FL 32903	
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 <u><i>Susan M. Lukins</i></u> SUE LUKINS, President 5/1/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

321-777-4096