## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State

DOCUMENT # N0600007957  1. Entity Name OCEAN PINES HOMEOWNERS ASSOCIATION INC.					04-07-2008 90039 015 ****61.25			
Principal Place of Business 120 PONCE DE LEON BLVD. INDIALANTIC, FL 32903  Mailing Address 120 PONCE DE LEON BLVD. INDIALANTIC, FL 32903			VD					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 120 Ponce Cle Lean Dr 120 Ponce Suite, Apt. #, etc. Suite, Apt. #, etc.			de Lean	031520	D8 Chg-NP	CR2E037 (12/06		
City & State		City & State	. <i>F-</i> /	4. FEI NU	<u> </u>	<del>}</del> -	Applied For	
4na1 329	alantic Fl. Country (1)	Thdialantio	Country		ate of Status Desire	\$8.75 A		
209	6. Name and Address of Current Re	<del>,                                    </del>		7. Name	and Address of Ne	w Registered Agent		
LIKINS, SU	JE		Name	Susan .	Lukins			
120 PONCE DE LEON BLVD.  Street A INDIALANTIC, FL 1,32903			dryess (P.O. Box Number is Not Acceptable)					
INDIALAN	110, FE 32303							
			City Z	ndial	ntiè	FL Zip Co	nde 1602	
	named entity submits this statement for tools of registered agent.	he purpose of changing its re	gistered office or	registered agent, o	both, in the State of	Florida. I am familiar wit	h, and accept	
		1, .				- lula	-/	
SIGNATURE	Signature, typed or printed name of registered agent and	DURING (AIOTE: E	Paralleland Agard Manatu			3/4/0		
	bigliocato, types or printed intrib or registrate again and	u dae ii applicable. (NOTE. I	registered Apent signatu	re required when reinstating	,	TOATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	aign Financing	\$5.00 M Added to F	By Be	Make check payable lorids Department of		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 M Added to F	sy Be	Torida Department of ICERS AND DIRECTORS	State IN 10	
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12. Thereby certify that the information supplied with this hing does not quality for the exemptions contained in Chapter 119, Horida 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 Date Date Date Disjung Printed Name Of SIGNING OFFICER OR DIRECTOR