

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-07-2008 90039 015 ****61.25

DOCUMENT # N06000007957 1. Entity Name OCEAN PINES HOMEOWNERS ASSOCIATION INC.			
Principal Place of Business 120 PONCE DE LEON BLVD. INDIALANTIC, FL 32903		Mailing Address 120 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.	
Zip 32903		Zip 32903	
Country USA		Country 	
4. FEI Number 84-1721619		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 LIKINS, SUE 120 PONCE DE LEON BLVD. INDIALANTIC, FL 32903		7. Name and Address of New Registered Agent Name Susan Lukins Street Address (P.O. Box Number Is Not Acceptable) 120 Ponce de Leon Dr. 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> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>5/4/08</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	P LUKINS, SUE 120 PONCE DE LEON BLVD. INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEAPS, TIM 422 KEY LARGO LANE INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEBEAU, LAVONNE 502 SANTO DOMINGO LANE INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 Lukins, President</i></u>		<u>5/4/08</u> (321) 821-0645	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	