

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007957

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** OCEAN PINES HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

120 PONCE DE LEON DR  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

120 PONCE DE LEON DR  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:** 84-1721619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUKINS, SUSAN  
120 PONCE DE LEON DR  
INDIALANTIC, FL 32903 US

**Name and Address of New Registered Agent:**

LUKINS, SUSAN M PRES.  
120 PONCE DE LEON DR  
INDIALANTIC, FL 32903 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: SUSAN M. LUKINS, PRESIDENT

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LUKINS, SUE  
Address: 120 PONCE DE LEON BLVD.  
City-St-Zip: INDIALANTIC, FL 32903

Title: T ( ) Delete  
Name: HEAPS, TIM  
Address: 422 KEY LARGO LANE  
City-St-Zip: INDIALANTIC, FL 32903

Title: S ( ) Delete  
Name: LEBEAU, LAVONNE  
Address: 502 SANTO DOMINGO LANE  
City-St-Zip: INDIALANTIC, FL 32903

Title: P ( ) Delete  
Name: LUKINS, SUSAN  
Address: 120 PONCE DE LEON DR  
City-St-Zip: INDIALANTIC, FL 32903

Title: T ( ) Delete  
Name: HEAPS, TIMOTHY  
Address: 422 KEY LARGO LANE  
City-St-Zip: INDIALANTIC, FL 32903

Title: VP ( ) Delete  
Name: LE BEAU, LAVONNE  
Address: 502 SANTO DOMINGO LANE  
City-St-Zip: INDIALANTIC, FL 32903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSAN M. LUKINS

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date