

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007957

FILED  
Apr 15, 2010  
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 M PRES.  
120 PONCE DE LEON DR  
INDIALANTIC, FL 32903 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: T  
Name: SUSAN, SKILLINGS  
Address: 418 KEY LARGO LANE  
City-St-Zip: INDIALANTIC, FL 32903

Title: S  
Name: GWENDOLYN, CARR  
Address: 187 PONCE DE LEON DR.  
City-St-Zip: INDIALANTIC, FL 32903

Title: VP  
Name: GERALDINE, JEMLICH  
Address: 186 PONCE DE LEON DR.  
City-St-Zip: INDIALANTIC, FL 32903

I hereby 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 all other like empowered.

SIGNATURE: SUSAN M. LUKINS

PRES

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date