

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007957

FILED  
Mar 25, 2012  
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:**

187 PONCE DE LEON DR  
INDIALANTIC, FL 32903

**Current Mailing Address:**

120 PONCE DE LEON DR  
INDIALANTIC, FL 32903

**New Mailing Address:**

187 PONCE DE LEON DR  
INDIALANTIC, FL 32903

**FEI Number:** 84-1721619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

JEMPLICH, GERALDINE PRES.  
186 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: GERALDINE E JEMPLICH

03/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: S  
Name: MARKESE, BETTY  
Address: 185 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: GERALDINE JEMPLICH

P

03/25/2012

Electronic Signature of Signing Officer or Director

Date