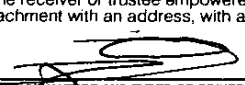


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90186 045 ****61.25

DOCUMENT # N06000008213 1. Entity Name HINES PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2806 W. US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055			Mailing Address 2806 W. US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055		
2. Principal Place of Business - No P.O. Box # 164 NW Madison St		3. Mailing Address PO Box 3659			
Suite, Apt. #, etc. SUITE 102		Suite, Apt. #, etc. 			
City & State LAKE CITY FL		City & State LAKE CITY FL			
Zip 32055		Country USA		Zip 32056	
Country USA		Country USA			
6. Name and Address of Current Registered Agent CRAPPS, DANIEL 2806 W. US HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name 		
Street Address (P.O. Box Number is Not Acceptable) 164 NW Madison St			Suite, Apt. #, etc. SUITE 102		
City LAKE CITY			State FL		
Zip Code 32055					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD CRAPPS, DANIEL 2806 W. US HIGHWAY 90, SUITE 101 LAKE CITY, FL 32055-32056		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CRAPPS, JOSH 2806 W. US HIGHWAY 90, SUITE 101 LAKE CITY, FL 32055-32056		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HICKS, VERA LISA 2806 W. US HIGHWAY 90, SUITE 101 LAKE CITY, FL 32055-32056		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DANIEL CRAPPS PRESIDENT 4/2/08 386-755-5710					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					