


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N11074

1. Entity Name
 LUNA PINES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 9817 BULL HEADLEY RD C/O CHERYL DERSTINE TALLAHASSEE, FL 32312-8034 US	Mailing Address 9817 BULL HEADLEY RD C/O CHERYL DERSTINE TALLAHASSEE, FL 32312-8034 US
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2877988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DERSTINE, CHERYL
 9817 BULL HEADLEY RD
 TALLAHASSEE, FL 32312

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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: *Cheryl Derstine* DATE: *1/26/05*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUNCAN, WILLIAM
STREET ADDRESS	1398 SILVER PINE
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	VP
NAME	HARMON, PAUL
STREET ADDRESS	1421 SILVER PINE
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	T
NAME	DERSTINE, CHERYL
STREET ADDRESS	9817 BULL HEADLEY RD
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	EASTON, GARTH
STREET ADDRESS	9723 BILL HEADLEY RD
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	S
NAME	CAPPS, BRUCE
STREET ADDRESS	1422 SILVER PINE LANE
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	LOUGHLIN, CHRIS
STREET ADDRESS	1429 FERZON
CITY - ST - ZIP	TALLAHASSEE, FL 32312

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 02/17/05-80061-005 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cheryl Derstine* DATE: *1/26/05* DAYTIME PHONE: *850-383-1007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR