

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90361 027 ****70.00

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			
2. Principal Place of Business		3. Mailing Address		03122006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2877988	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DERSTINE, CHERYL 9817 BULL HEADLEY RD TALLAHASSEE, FL 32312			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <i>Cheryl Derstine</i>		(NOTE: Registered Agent signature required when reconstituting)		DATE <i>3/13/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNCAN, WILLIAM		NAME		
STREET ADDRESS	1398 SILVER PINE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARMON, PAUL		NAME		
STREET ADDRESS	1421 SILVER PINE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DERSTINE, CHERYL		NAME		
STREET ADDRESS	9817 BULL HEADLEY RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EASTON, GARTH		NAME		
STREET ADDRESS	9723 BILL HEADLEY RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAPPS, BRUCE		NAME	<i>S HARMON, WILLIAM</i>	
STREET ADDRESS	1422 SILVER PINE LANE		STREET ADDRESS	<i>1421 SILVER PINE</i>	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	<i>TALLAHASSEE, FL 32312</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOUGHLIN, CHRIS		NAME	<i>D WISER, GARY</i>	
STREET ADDRESS	1429 FERZON		STREET ADDRESS	<i>19730 SHADYPINE</i>	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	<i>TALLAHASSEE, FL 32312</i>	
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: <i>Cheryl Derstine</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3/13/06</i>	
				Daytime Phone #	