


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 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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01032007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

DERSTINE, CHERYL
 8817 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: 30 Jun 2007

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

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNCAN, WILLIAM 1398 SILVER PINE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARMON, PAUL 1421 SILVER PINE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DERSTINE, CHERYL 9817 BULL HEADLEY RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTON, GARTH 9723 BILL HEADLEY RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARMON, VICKY 1421 SILVER PINE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISER, GARY 9730 SHADY PINE TALLAHASSEE, FL 32312

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 01/10/07-80047-011 70.00

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: *Cheryl Derstine* DATE: 30 Jun 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #