


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90036 026 ****61.25

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|--|--|---|---|---|--|
| DOCUMENT # N22985 1. Entity Name WEST PINE ESTATES HOMEOWNERS ASSOCIATION INCORPORATED | | | |  | |
| Principal Place of Business COMMUNITY BIBLE CHURCH 91 EMERSON NW PALM BAY, FL 32907 US | | | Mailing Address WEST PINES ESTATES 1296 DALLAM AVE. NW PALM BAY, FL 32907 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address WEST PINES ESTATES Suite, Apt. #, etc. 1207 DALLAM AVE NW City & State PALM BAY FL Zip 32907 Country US | | | |
| City & State PALM BAY FL | | 4. FEI Number 59-2855818 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32907 Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent EDMISTON, VIRGINIA 1296 DALLAM AVE NW PALM BAY, FL 32907 | | | 7. Name and Address of New Registered Agent Name MULVIHILL, VERONICA Street Address (P.O. Box Number is Not Acceptable) 1207 DALLAM AVE NW City PALM BAY FL Zip Code 32907 | | |
| 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>Veronica Mulvihill</i> VERONICA MULVIHILL, Pres 1/3/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | D BYRAM, PERCY 1025 DALLAM AVE NW PALM BAY, FL 32907 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD EDMISTON, VIRGINIA 1296 DALLAM AVE. N.W. PALM BAY, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD REID, LINNETTE 1737 JACOBIN ST NW PALM BAY, FL 32907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MULVIHILL, RONNIE 1207 DALLAM AVE NW PALM BAY, FL 32907 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MULVIHILL, VERONICA 1207 DALLAM AVE NW PALM BAY, FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DRUMMOND, NANCY 1707 JACOBIN ST NW PALM BAY, FL 32907 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DRUMMOND, NANCY 1707 JACOBIN ST NW PALM BAY, FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLY, ALICE 1797 LAMBTON ST NW PALM BAY, FL 32907 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLY, ALICE 1797 LAMBTON ST NW PALM BAY, FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD THOMAS, BERNADINE 1733 SAYABGC ST NW PALM BAY, FL 32907 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD THOMAS, BERNADINE 1733 SAYABGC ST NW PALM BAY, FL 32907 <input checked="" 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: <i>Veronica Mulvihill</i> VERONICA MULVIHILL 321-725-7742 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |