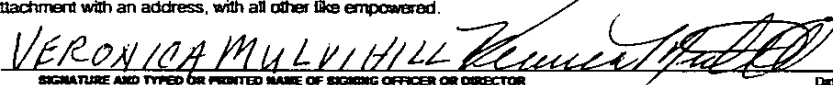


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90021 010 ****61.25

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 1207 DALLAH AVE NW PALM BAY, FL 32907 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1207 DALLAM AVE Suite, Apt. #, etc.			
City & State Zip		City & State PALM BAY, FL Zip 32907		4. FEI Number 59-2855818	
Country BREVARD		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MULVIHILL, VERONICA 1207 DALLAM AVE NW PALM BAY, FL 32907				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD REID, LINNETTE 1737 JACOBIN ST NW PALM BAY, FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MULVIHILL, VERONICA 1207 DALLAM AVE NW PALM BAY, FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DRUMMOND, NANCY 1707 JACOBIN ST NW PALM BAY, FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, ALICE 1797 LAMBTON ST NW PALM BAY, FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD THOMAS, BERNADINE 1733 SAYABEC ST NW PALM BAY, FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: VERONICA MULVIHILL  4-15-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					