

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22985

FILED
Feb 10, 2009
Secretary of State

Entity Name: WEST PINE ESTATES HOMEOWNERS ASSOCIATION INCORPORATED

Current Principal Place of Business:

COMMUNITY BIBLE CHURCH
91 EMERSON NW
PALM BAY, FL 32907 US

New Principal Place of Business:

Current Mailing Address:

1207 DALLAM AVE
PALM BAY, FL 32907 US

New Mailing Address:

FEI Number: 59-2855818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULVIHILL, VERONICA
1207 DALLAM AVE NW
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BYRAM, PERCY
Address: 1025 DALLAM AVE NW
City-St-Zip: PALM BAY, FL 32907

Title: TD () Delete
Name: REID, LINNETTE
Address: 1737 JACOBIN ST NW
City-St-Zip: PALM BAY, FL 32907

Title: PD () Delete
Name: MULVIHILL, VERONICA
Address: 1207 DALLAM AVE NW
City-St-Zip: PALM BAY, FL 32907

Title: VD () Delete
Name: DRUMMOND, NANCY
Address: 1707 JACOBIN ST NW
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: KELLY, ALICE
Address: 1797 LAMBTON ST NW
City-St-Zip: PALM BAY, FL 32907

Title: SD () Delete
Name: THOMAS, BERNADINE
Address: 1733 SAYABEC ST NW
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE MULVIHILL

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date