

FILED  
Feb 26, 2003 8:00 am  
Secretary of State

02-26-2003 90130 010 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

70020841



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For	
59-2855818		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EDMISTON, VIRGINIA 1296 DALLAM AVE NW PALM BAY, FL 32907		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 Virginia I. Edmiston Feb. 24, 2003  
Signature, type or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature required when resigning) DATE

FILE NOW - FEE IS \$61.25

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	D	TITLE	
NAME	BYRAM, PERCY	NAME	
STREET ADDRESS	1026 DALLAM AVE NW	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32907	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	EDMISTON, VIRGINIA	NAME	
STREET ADDRESS	1296 DALLAM AVE. N.W.	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	MULVIHILL, RONNIE	NAME	
STREET ADDRESS	1207 DALLAM AVE NW	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32907	CITY-ST-ZIP	
TITLE	VP-D	TITLE	
NAME	DRUMMOND, NANCY	NAME	
STREET ADDRESS	1707 JACOBIN ST NW	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32907	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	KELLY, ALIVE	NAME	
STREET ADDRESS	1797 LAMBTON ST NW	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32907	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	THOMAS, BERNADINE	NAME	
STREET ADDRESS	1733 SAYNBET ST NW	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32907	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Virginia I. Edmiston 2/24/2003 321-725-1603  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Virginia Edmiston Daytime Phone #

CR2E037 (10/02)